

B1 (Official Form 1)(04/13)

United States Bankruptcy Court Northern District of Illinois						Voluntary Petition	
Name of Debtor (if individual, enter Last, First, Middle): Beich, Walter H. III				Name of Joint Debtor (Spouse) (Last, First, Middle):			
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):				All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):			
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN)/Complete EIN (if more than one, state all) xxx-xx-1814				Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all)			
Street Address of Debtor (No. and Street, City, and State): 17100 S. Parker Road Homer Glen, IL <div style="text-align: right;">ZIP Code 60491</div>				Street Address of Joint Debtor (No. and Street, City, and State): <div style="text-align: right;">ZIP Code</div>			
County of Residence or of the Principal Place of Business: Will				County of Residence or of the Principal Place of Business:			
Mailing Address of Debtor (if different from street address): <div style="text-align: right;">ZIP Code</div>				Mailing Address of Joint Debtor (if different from street address): <div style="text-align: right;">ZIP Code</div>			
Location of Principal Assets of Business Debtor (if different from street address above):							
Type of Debtor (Form of Organization) (Check one box) <input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)		Nature of Business (Check one box) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101 (51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input checked="" type="checkbox"/> Other		Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box) <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding			
Chapter 15 Debtors Country of debtor's center of main interests: Each country in which a foreign proceeding by, regarding, or against debtor is pending:		Tax-Exempt Entity (Check box, if applicable) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).		Nature of Debts (Check one box) <input type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input checked="" type="checkbox"/> Debts are primarily business debts.			
Filing Fee (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.				Chapter 11 Debtors Check one box: <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,490,925 (<i>amount subject to adjustment on 4/01/16 and every three years thereafter</i>). Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition. <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).			
Statistical/Administrative Information <input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.						THIS SPACE IS FOR COURT USE ONLY	
Estimated Number of Creditors <input type="checkbox"/> 1-49 <input type="checkbox"/> 50-99 <input checked="" type="checkbox"/> 100-199 <input type="checkbox"/> 200-999 <input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000 <input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> OVER 100,000							
Estimated Assets <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input checked="" type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion							
Estimated Liabilities <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input checked="" type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion							

Voluntary Petition <i>(This page must be completed and filed in every case)</i>		Name of Debtor(s): Beich, Walter H. III	
All Prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet)			
Location Where Filed: - None -	Case Number:	Date Filed:	
Location Where Filed:	Case Number:	Date Filed:	
Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor (If more than one, attach additional sheet)			
Name of Debtor: See Attachment	Case Number:	Date Filed:	
District:	Relationship:	Judge:	
Exhibit A (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.) <input type="checkbox"/> Exhibit A is attached and made a part of this petition.	Exhibit B (To be completed if debtor is an individual whose debts are primarily consumer debts.) I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by 11 U.S.C. §342(b). X _____ Signature of Attorney for Debtor(s) (Date)		
Exhibit C			
Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety? <input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition. <input checked="" type="checkbox"/> No.			
Exhibit D			
(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.) <input checked="" type="checkbox"/> Exhibit D completed and signed by the debtor is attached and made a part of this petition. If this is a joint petition: <input type="checkbox"/> Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.			
Information Regarding the Debtor - Venue (Check any applicable box)			
<input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. <input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District. <input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.			
Certification by a Debtor Who Resides as a Tenant of Residential Property (Check all applicable boxes)			
<input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.) _____ (Name of landlord that obtained judgment) _____ (Address of landlord)			
<input type="checkbox"/> Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and <input type="checkbox"/> Debtor has included with this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition. <input type="checkbox"/> Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).			

Voluntary Petition

(This page must be completed and filed in every case)

Name of Debtor(s):

Beich, Walter H. III

Signatures

Signature(s) of Debtor(s) (Individual/Joint)

I declare under penalty of perjury that the information provided in this petition is true and correct.
[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.
[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X /s/ Walter H. Beich, III
Signature of Debtor **Walter H. Beich, III**

X _____
Signature of Joint Debtor

Telephone Number (If not represented by attorney)

July 24, 2015

Date

Signature of Attorney*

X /s/ DAVID K. WELCH
Signature of Attorney for Debtor(s)

DAVID K. WELCH 06183621
Printed Name of Attorney for Debtor(s)

Crane, Heyman, Simon, Welch & Clar
Firm Name

Suite 3705
135 South LaSalle Street
Chicago, IL 60603-4297

Address

312-641-6777 Fax: 312-641-7114
Telephone Number

July 24, 2015
Date

*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X _____
Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

Signature of a Foreign Representative

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

☐ I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. §1515 are attached.

☐ Pursuant to 11 U.S.C. §1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

X _____
Signature of Foreign Representative

Printed Name of Foreign Representative

Date

Signature of Non-Attorney Bankruptcy Petition Preparer

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.)(Required by 11 U.S.C. § 110.)

Address

X _____
Date

Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. §110; 18 U.S.C. §156.

In re Walter H. Beich, III, Case No. _____
Debtor

FORM 1. VOLUNTARY PETITION
Pending Bankruptcy Cases Filed Attachment

<u>Name of Debtor / District</u>	<u>Case No. / Relationship</u>	<u>Date Filed / Judge</u>
Frankfort Pharmacy Inc. North District of Illinois	14-39404 Owner of Affiliate Debtors	10/30/14 Bruce W. Black
Lockport Pharmacy, Inc. d/b/a Corwin Pharmacy Northern District of Illinois	14-39396 Owner of Affiliate Debtors	10/30/14 Bruce W. Black

Voluntary Petition

(This page must be completed and filed in every case)

Name of Debtor(s):

Beich, Walter H. III

Signatures

Signature(s) of Debtor(s) (Individual/Joint)

I declare under penalty of perjury that the information provided in this petition is true and correct.
[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.
[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X Walter H. Beich III
Signature of Debtor **Walter H. Beich, III**

X _____
Signature of Joint Debtor

Telephone Number (If not represented by attorney)

July 24, 2015

Date

Signature of Attorney*

X David K. Welch
Signature of Attorney for Debtor(s)

DAVID K. WELCH 06183621

Printed Name of Attorney for Debtor(s)

Crane, Heyman, Simon, Welch & Clar

Firm Name

Suite 3705

135 South LaSalle Street

Chicago, IL 60603-4297

Address

312-641-6777 Fax: 312-641-7114

Telephone Number

July 24, 2015

Date

*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X _____
Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

Signature of a Foreign Representative

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

☐ I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. §1515 are attached.

☐ Pursuant to 11 U.S.C. §1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

X _____
Signature of Foreign Representative

Printed Name of Foreign Representative

Date

Signature of Non-Attorney Bankruptcy Petition Preparer

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)

Address

X _____

Date

Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. §110; 18 U.S.C. §156.

B 1D (Official Form 1, Exhibit D) (12/09)

**United States Bankruptcy Court
Northern District of Illinois**

In re Walter H. Beich, III

Debtor(s)

Case No.
Chapter

7

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH
CREDIT COUNSELING REQUIREMENT**

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Summarize exigent circumstances here.]* _____

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: /s/ Walter H. Beich, III
Walter H. Beich, III

Date: July 24, 2015

Certificate Number: 02645-ILN-CC-025919145



02645-ILN-CC-025919145

CERTIFICATE OF COUNSELING

I CERTIFY that on July 22, 2015, at 2:15 o'clock PM EDT, Walter H Beich received from 123 Credit Counselors, Inc, an agency approved pursuant to 11 U.S.C. § 111 to provide credit counseling in the Northern District of Illinois, an individual [or group] briefing that complied with the provisions of 11 U.S.C. §§ 109(h) and 111.

A debt repayment plan was not prepared. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted by internet.

Date: July 22, 2015 By: /s/Cary Hernandez

Name: Cary Hernandez

Title: Certified Credit Counselor

* Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. See 11 U.S.C. §§ 109(h) and 521(b).

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor:

Walter H. Beich III
Walter H. Beich, III

Date: July 24, 2015

United States Bankruptcy Court
Northern District of Illinois

In re **Walter H. Beich, III**,
Debtor

Case No. _____

Chapter **7**

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	700,000.00		
B - Personal Property	Yes	4	16,179.00		
C - Property Claimed as Exempt	Yes	1			
D - Creditors Holding Secured Claims	Yes	1		842,282.37	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	4		367,133.16	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	32		2,155,738.62	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	2			
I - Current Income of Individual Debtor(s)	Yes	2			1,850.00
J - Current Expenditures of Individual Debtor(s)	Yes	2			1,390.00
Total Number of Sheets of ALL Schedules		50			
Total Assets			716,179.00		
Total Liabilities				3,365,154.15	

United States Bankruptcy Court
Northern District of Illinois

In re **Walter H. Beich, III**,
Debtor

Case No. _____

Chapter **7**

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	
Student Loan Obligations (from Schedule F)	
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	
TOTAL	

State the following:

Average Income (from Schedule I, Line 12)	
Average Expenses (from Schedule J, Line 22)	
Current Monthly Income (from Form 22A-1 Line 11; OR, Form 22B Line 14; OR, Form 22C-1 Line 14)	

State the following:

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column		
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		
4. Total from Schedule F		
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		

In re Walter H. Beich, III Case No. _____
Debtor

SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim." If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

Description and Location of Property	Nature of Debtor's Interest in Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption	Amount of Secured Claim
17100 S. Parker Road Homer Glen, IL 60491	*Judgment of foreclosure - entered in favor of Standard Bank. Foreclosure sale pending.		700,000.00	842,282.37
*Foreclosure Judgment Entered				

Sub-Total > **700,000.00** (Total of this page)
Total > **700,000.00**
(Report also on Summary of Schedules)

0 continuation sheets attached to the Schedule of Real Property

In re **Walter H. Beich, III**

Case No. _____

Debtor

SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
1. Cash on hand		Cash on Hand	-	59.00
2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		PNC Bank Checking Acct Ending in 5639	-	20.00
3. Security deposits with public utilities, telephone companies, landlords, and others.	X			
4. Household goods and furnishings, including audio, video, and computer equipment.		Ordinary used household goods, 9 rooms of used furniture and used appliances (over 15yrs old).	-	1,500.00
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.		Various Books and DVD's 100 stamps (from deceased mother) 4 - 2001 silver coins 30 framed pictures	-	1,200.00
6. Wearing apparel.		Necessary wearing apparel	-	0.00
7. Furs and jewelry.	X			
8. Firearms and sports, photographic, and other hobby equipment.	X			
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	X			
10. Annuities. Itemize and name each issuer.	X			

Sub-Total > **2,779.00**
(Total of this page)

3 continuation sheets attached to the Schedule of Personal Property

B6B (Official Form 6B) (12/07) - Cont.

In re Walter H. Beich, III Case No. _____
Debtor

SCHEDULE B - PERSONAL PROPERTY
(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	X			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.	X			
13. Stock and interests in incorporated and unincorporated businesses. Itemize.		Marshall Holdings International	-	0.00
14. Interests in partnerships or joint ventures. Itemize.		Midwest Thunder LLC	-	0.00
		Lockport Pharmacy, Inc. (Company in Ch. 7 Bankruptcy)	-	0.00
		Frankfort Pharmacy Inc. (Company in Ch.7 Bankruptcy)	-	0.00
		E-Z Life LLC	-	0.00
15. Government and corporate bonds and other negotiable and nonnegotiable instruments.	X			
16. Accounts receivable.	X			
17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	X			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	X			
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	X			

Sub-Total > **0.00**
(Total of this page)

Sheet 1 of 3 continuation sheets attached to the Schedule of Personal Property

In re Walter H. Beich, III Case No. _____
Debtor

SCHEDULE B - PERSONAL PROPERTY
(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	X			
22. Patents, copyrights, and other intellectual property. Give particulars.	X			
23. Licenses, franchises, and other general intangibles. Give particulars.		Pharmacist License in Illinois.	-	0.00
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25. Automobiles, trucks, trailers, and other vehicles and accessories.		2007 GMC Yukon Denali	-	13,000.00
26. Boats, motors, and accessories.	X			
27. Aircraft and accessories.	X			
28. Office equipment, furnishings, and supplies.	X			
29. Machinery, fixtures, equipment, and supplies used in business.	X			
30. Inventory.	X			
31. Animals.		4 dogs (2 shitzus) (1 Black Lab) (1 Terrier)	-	400.00
32. Crops - growing or harvested. Give particulars.	X			
33. Farming equipment and implements.	X			
Sub-Total > (Total of this page)				13,400.00

Sheet 2 of 3 continuation sheets attached to the Schedule of Personal Property

In re **Walter H. Beich, III**

Case No. _____

Debtor

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
34. Farm supplies, chemicals, and feed.	X			
35. Other personal property of any kind not already listed. Itemize.		Time Share Celebrity Resorts Orlando, Kissimmee, Florida One Week Annually	J	Unknown
		Time Share Crystal Beach Suites & Health Club, Miami Beach, Florida One Week Annually	J	Unknown
		Time Share Islander Beach Resort, New Smyrna Beach, Florida One Week Annually	J	Unknown
		Time Share Siesta Sands Beach Resort, Sarasota, Florida One Week Annually	J	Unknown
		Time Share Westgate Branson Lakes Hollister, MO One Week Annually	J	Unknown
		Time Share Real Club Resort Cancun Mexico One Week Annually	J	Unknown

Sub-Total > **0.00**
(Total of this page)
Total > **16,179.00**

(Report also on Summary of Schedules)

Sheet **3** of **3** continuation sheets attached
to the Schedule of Personal Property

In re **Walter H. Beich, III**

Case No. _____

Debtor

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor claims the exemptions to which debtor is entitled under:

(Check one box)

☐ 11 U.S.C. §522(b)(2)

☒ 11 U.S.C. §522(b)(3)

☐ Check if debtor claims a homestead exemption that exceeds \$155,675. (Amount subject to adjustment on 4/1/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.)

Description of Property	Specify Law Providing Each Exemption	Value of Claimed Exemption	Current Value of Property Without Deducting Exemption
Real Property			
17100 S. Parker Road Homer Glen, IL 60491	735 ILCS 5/12-901	15,000.00	700,000.00
*Foreclosure Judgment Entered			
Household Goods and Furnishings			
Ordinary used household goods, 9 rooms of used furniture and used appliances (over 15yrs old).	735 ILCS 5/12-1001(b)	1,500.00	1,500.00
Wearing Apparel			
Necessary wearing apparel	735 ILCS 5/12-1001(a)	100%	0.00
Automobiles, Trucks, Trailers, and Other Vehicles			
2007 GMC Yukon Denali	735 ILCS 5/12-1001(c)	2,400.00	13,000.00
	735 ILCS 5/12-1001(b)	2,500.00	

Total: **21,400.00** **714,500.00**

0 continuation sheets attached to Schedule of Property Claimed as Exempt

B6D (Official Form 6D) (12/07)

In re **Walter H. Beich, III**

Case No. _____

Debtor

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor" ,include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H U S B A N D W I F E J O I N T C O M M U N I T Y	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
Account No.			17100 S. Parker Road Homer Glen, IL 60491					
Standard Bank 7800 W. 95th Street Hickory Hills, IL 60457		-	*Foreclosure Judgment Entered					
			Value \$ 700,000.00				842,282.37	0.00
Account No.								
			Value \$					
Account No.								
			Value \$					
Account No.								
			Value \$					
Subtotal (Total of this page)							842,282.37	0.00
Total (Report on Summary of Schedules)							842,282.37	0.00

0 continuation sheets attached

In re **Walter H. Beich, III**

Case No. _____

Debtor

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

☐ **Domestic support obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$12,475* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$6,150* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

☐ **Deposits by individuals**

Claims of individuals up to \$2,775* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

☒ **Taxes and certain other debts owed to governmental units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ **Commitments to maintain the capital of an insured depository institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

☐ **Claims for death or personal injury while debtor was intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

* Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

B6E (Official Form 6E) (4/13) - Cont.

In re Walter H. Beich, III
Debtor

Case No. _____

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS
(Continuation Sheet)

**Taxes and Certain Other Debts
Owed to Governmental Units**

TYPE OF PRIORITY

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E D E B I T O R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M	A M O U N T N O T E N T I T L E D T O P R I O R I T Y, I F A N Y	A M O U N T E N T I T L E D T O P R I O R I T Y
Account No.			1st Qtr 2014 and 2013 Lockport Pharmacy Inc. debt						
Illinois Department of Employment Security 33 S. State, 10th Fl. Chicago, IL 60603-2802	-						6,570.50	0.00	6,570.50
Account No.			Personal taxes for 2012						
Illinois Department of Revenue 100 W. Randolph St. Legal Services M/C 7-900 Chicago, IL 60601	-						Unknown	Unknown	0.00
Account No.			Personal taxes for 2013						
Illinois Department of Revenue 100 W. Randolph St. Legal Services M/C 7-900 Chicago, IL 60601	-						Unknown	Unknown	0.00
Account No.			Personal taxes for 2014						
Illinois Department of Revenue 100 W. Randolph St. Legal Services M/C 7-900 Chicago, IL 60601	-						Unknown	Unknown	0.00
Account No.			Personal taxes for 2015						
Illinois Department of Revenue 100 W. Randolph St. Legal Services M/C 7-900 Chicago, IL 60601	-						Unknown	Unknown	0.00
Subtotal							6,570.50	0.00	6,570.50
(Total of this page)									

Sheet 1 of 3 continuation sheets attached to
Schedule of Creditors Holding Unsecured Priority Claims

In re **Walter H. Beich, III**

Case No. _____

Debtor

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS
(Continuation Sheet)

**Taxes and Certain Other Debts
Owed to Governmental Units**

TYPE OF PRIORITY

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E D E B I T O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM					AMOUNT ENTITLED TO PRIORITY
Account No.	-		Sales Tax through 8/31/14 for Lockport Pharmacy Inc.				57,028.25	
Illinois Department of Revenue 100 W. Randolph St. Legal Services M/C 7-900 Chicago, IL 60601								0.00
								57,028.25
Account No.	-		Period: August 31, 2013 through August 31, 2014 -- Sales Tax Frankfort Pharmacy Inc. debt				1,958.34	
Illinois Department of Revenue 100 W. Randolph St. Legal Services M/C 7-900 Chicago, IL 60601								0.00
								1,958.34
Account No.	-						Unknown	
Internal Revenue Service Cincinnati, OH 45999-0025								Unknown
								0.00
Account No.	-		Comp tax annual 75.27 Comp tax quarterly 3d - 1283.96 Lockport Pharmacy Inc. debt				1,359.19	
Internal Revenue Service Cincinnati, OH 45999-0025								0.00
								1,359.19
Account No.	-		Locport Pharmacy Inc. debt				300,000.00	
Internal Revenue Service Cincinnati, OH 45999-0025								0.00
								300,000.00
Subtotal								0.00
(Total of this page)							360,345.78	360,345.78

Sheet 2 of 3 continuation sheets attached to
Schedule of Creditors Holding Unsecured Priority Claims

Sheet **2** of **3** continuation sheets attached to
Schedule of Creditors Holding Unsecured Priority Claims

B6E (Official Form 6E) (4/13) - Cont.

In re **Walter H. Beich, III**

Case No. _____

Debtor

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS
(Continuation Sheet)

**Taxes and Certain Other Debts
Owed to Governmental Units**

TYPE OF PRIORITY

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
									AMOUNT ENTITLED TO PRIORITY
Account No.				Lockport Pharmacy Inc. Debt					
Internal Revenue Service Cincinnati, OH 45999-0025									0.00
		-						216.88	216.88
Account No.									
Account No.									
Account No.									
Account No.									
Account No.									
Subtotal									0.00
(Total of this page)								216.88	216.88
Total									0.00
(Report on Summary of Schedules)								367,133.16	367,133.16

Sheet **3** of **3** continuation sheets attached to
Schedule of Creditors Holding Unsecured Priority Claims

In re **Walter H. Beich, III**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 21st Century Formulations 9663 Santa Monica Blvd., Suite 860 Beverly Hills, CA 90210		This is a corporate obligation to either Lockport Pharmacy, Inc. or Frankfort Pharmacy Inc. for which the debtor does not - acknowledge any obligation.				104.84
Account No. 22nd Century Media LLC 11516 West 183rd St. Office Condo #3 Unit SW Orland Park, IL 60467		This is a corporate obligation to either Lockport Pharmacy, Inc. or Frankfort Pharmacy Inc. for which the debtor does not - acknowledge any obligation.				2,879.27
Account No. Accounting Pros PO Box 188 Highland Park, IL 60035		This is a corporate obligation to either Lockport Pharmacy, Inc. or Frankfort Pharmacy Inc. for which the debtor does not - acknowledge any obligation.				5,470.00
Account No. Accounting Pros PO Box 110 Highland Park, IL 60035		This is a corporate obligation to either Lockport Pharmacy, Inc. or Frankfort Pharmacy Inc. for which the debtor does not - acknowledge any obligation.				1,770.00
Subtotal (Total of this page)						10,224.11

31 continuation sheets attached

B6F (Official Form 6F) (12/07) - Cont.

In re Walter H. Beich, III, Case No. _____
Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H U S B A N D W I F E J O I N T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. Advantage Leasing 13400 Bishops Lane Suite 280 Brookfield, WI 53005	-						21,220.00
Account No. Ally PO Box 380902 Bloomington, MN 55438	-						5,400.74
Account No. American Credit Systems 400 W. Lake St. PO Box 72849 Roselle, IL 60172	-		This is a corporate obligation to either Lockport Pharmacy, Inc. or Frankfort Pharmacy Inc. for which the debtor does not acknowledge any obligation.				138,985.04
Account No. American Express United Recovery Systems Houston, TX 77272	-		This is a corporate obligation of either Lockport Pharmacy Inc. or Frankfort Pharmacy Inc. for which the debtor does not acknowledge any obligation.				2,248.83
Account No. Ana Generics 2915 Weston Rd. Fort Lauderdale, FL 33331	-		This is a corporate obligation to either Lockport Pharmacy, Inc. or Frankfort Pharmacy Inc. for which the debtor does not acknowledge any obligation.				39,719.67
Sheet no. <u>1</u> of <u>31</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							207,574.28
Subtotal (Total of this page)							207,574.28

B6F (Official Form 6F) (12/07) - Cont.

In re Walter H. Beich, III, Case No. _____
Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H U S B A N D W I F E J O I N T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. Anda 3000 Alt. Blvd. Grand Island, NY 14072		-	This is a corporate obligation of either Lockport Pharmacy Inc. or Frankfort Pharmacy Inc. for which the debtor does not acknowledge any obligation.				26,422.14
Account No. xxxxxx3733 AT&T PO Box 5093 Carol Stream, IL 60197		-					1,577.14
Account No. xxxxxxxx5601 AT&T PO Box 5880 Carol Stream, IL 60197		-					432.61
Account No. AT&T P.O. Box 5080 Carol Stream, IL 60197		-	This is a corporate obligation of either Lockport Pharmacy Inc. or Frankfort Pharmacy Inc. for which the debtor does not acknowledge any obligation.				1,440.56
Account No. xxxxxx xx 1109 AT&T PO Box 5080 Carol Stream, IL 60197		-	This is a corporate obligation to either Lockport Pharmacy, Inc. or Frankfort Pharmacy Inc. for which the debtor does not acknowledge any obligation.				241.70
Sheet no. <u>2</u> of <u>31</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							30,114.15
Subtotal (Total of this page)							30,114.15

B6F (Official Form 6F) (12/07) - Cont.

In re **Walter H. Beich, III**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
		H W J C					DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.
Account No. xxxxxx xx 690 5		-	This is a corporate obligation to either Lockport Pharmacy, Inc. or Frankfort Pharmacy Inc. for which the debtor does not acknowledge any obligation.			520.75	
AT&T PO Box 5080 Carol Stream, IL 60197							
Account No.		-	This is a corporate obligation of either Lockport Pharmacy Inc. or Frankfort Pharmacy Inc. for which the debtor does not acknowledge any obligation.			409.85	
Avsec Printing 825 Plainfield Rd. Joliet, IL 60435							
Account No.		-	This is a corporate obligation of either Lockport Pharmacy Inc. or Frankfort Pharmacy Inc. for which the debtor does not acknowledge any obligation.			435.81	
Bell Lifestyle Products 07090 68th St. South Haven, MI 49090							
Account No.		-	This is a corporate obligation of either Lockport Pharmacy Inc. or Frankfort Pharmacy Inc. for which the debtor does not acknowledge any obligation.			11,684.16	
Blue Cross Bule Shield 25550 Network Place Chicago, IL 60673							
Account No.		-	This is a corporate obligation of either Lockport Pharmacy Inc. or Frankfort Pharmacy Inc. for which the debtor does not acknowledge any obligation.			730.50	
BR Data 715 Pinelawn Rd., Suite 305 Melville, NY 11747							
Sheet no. <u>3</u> of <u>31</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	13,781.07

B6F (Official Form 6F) (12/07) - Cont.

In re Walter H. Beich, III, Case No. _____
Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	H U S B A N D W I F E J O I N T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.							
Broida and Nichele Ltd. Attorneys at Law Suite 108 Naperville, IL 60563		-	This is a corporate obligation of either Lockport Pharmacy Inc. or Frankfort Pharmacy Inc. for which the debtor does not acknowledge any obligation.				1,288.00
Account No.							
Campbell Hightower & Adams 4645 S. Lakeshore Dr., Suite 11 Tempe, AZ 85282		-					4,764.43
Account No. xxxxxx xx 2383			2-15-15				
Capital One P.O. Box 70886 Charlotte, NC 28272		-					8,003.24
Account No.							
Cardinal Health 7000 Cardinal Place Dublin, OH 43017	X	-	Guarantees of debts due from Lockport Pharmacy Inc. and Frankfort Pharmacy Inc.				276,701.23
Account No.							
Carl Buck Rathbun Cservenyak & Kozol 3260 Executive Dr. Joliet, IL 60431		-	This is a corporate obligation of either Lockport Pharmacy Inc. or Frankfort Pharmacy Inc. for which the debtor does not acknowledge any obligation.				Unknown
Sheet no. <u>4</u> of <u>31</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							
Subtotal (Total of this page)							290,756.90

B6F (Official Form 6F) (12/07) - Cont.

In re Walter H. Beich, III, Case No. _____
Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	H U S B A N D W I F E J O I N T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. Citi Business Card 1500 Boltonfield St. Columbus, OH 43228		-	This is a corporate obligation of either Lockport Pharmacy Inc. or Frankfort Pharmacy Inc. for which the debtor does not acknowledge any obligation.				1,560.97
Account No. xxxxxx xx 7951 Citi Card Processing Center Des Moines, IA 50363		-	12-10-14				7,686.88
Account No. Cloverleaf Farms 13835 South Kostner Bridgeview, IL 60455		-	This is a corporate obligation of either Lockport Pharmacy Inc. or Frankfort Pharmacy Inc. for which the debtor does not acknowledge any obligation.				511.00
Account No. CNA Surety Direct Bill PO Box 957312 Saint Louis, MO 63195-7312		-	This is a corporate obligation of either Lockport Pharmacy Inc. or Frankfort Pharmacy Inc. for which the debtor does not acknowledge any obligation.				250.00
Account No. xxxxxx7025 ComEd PO Box 6111 Carol Stream, IL		-					5,008.10
Sheet no. <u>5</u> of <u>31</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)
							15,016.95

B6F (Official Form 6F) (12/07) - Cont.

In re Walter H. Beich, III, Case No. _____
Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	H U S B A N D W I F E J O I N T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. ComEd Payment Processing Center Saint Paul, MN 55126			This is a corporate obligation of either Lockport Pharmacy Inc. or Frankfort Pharmacy Inc. for which the debtor does not acknowledge any obligation.				1,283.19
Account No. xxxxxx3690 Constellation 14217 Collections Dr. Chicago, IL 60693							5,014.53
Account No. Constellation An Execelon Company 14217 Collections Center Dr. Chicago, IL 60693			This is a corporate obligation of either Lockport Pharmacy Inc. or Frankfort Pharmacy Inc. for which the debtor does not acknowledge any obligation.				4,399.88
Account No. Cross Point Sales 3158 S. State St. Lockport, IL 60441			This is a corporate obligation of either Lockport Pharmacy Inc. or Frankfort Pharmacy Inc. for which the debtor does not acknowledge any obligation.				2,126.00
Account No. Crystal Beach Suites P.O. Box 3273 Orlando, FL 32802		X	1-20-15				3,169.09
Sheet no. <u>6</u> of <u>31</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page) 15,992.69

B6F (Official Form 6F) (12/07) - Cont.

In re Walter H. Beich, III, Case No. _____
Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No.			This is a corporate obligation of either Lockport Pharmacy Inc. or Frankfort Pharmacy Inc. for which the debtor does not acknowledge any obligation.				Unknown
Daniel Spilotro Spilotro Law Group, LLC 2551 N. Clark St., Suite 405 Chicago, IL 60614	-						
Account No.			This is a corporate obligation of either Lockport Pharmacy Inc. or Frankfort Pharmacy Inc. for which the debtor does not acknowledge any obligation.				Unknown
David Clark Law Office of David W. Clark 207 N. Washington St. Wheaton, IL 60187	-						
Account No.			This is a corporate obligation of either Lockport Pharmacy Inc. or Frankfort Pharmacy Inc. for which the debtor does not acknowledge any obligation.				24,139.13
Dearborn Wholesale Grocers 4525 W. Madison St. Chicago, IL 60624	-						
Account No.			This is a corporate obligation of either Lockport Pharmacy Inc. or Frankfort Pharmacy Inc. for which the debtor does not acknowledge any obligation.				Unknown
Dennis Porick Dennis B. Porick Ltd. 63 W. Jefferson St., Suite 100 Joliet, IL 60432	-						
Account No.			This is a corporate obligation of either Lockport Pharmacy Inc. or Frankfort Pharmacy Inc. for which the debtor does not acknowledge any obligation.				2,086.48
Des Plaines Office Equipment 1020 Bonavenutre Elk Grove Village, IL 60007	-						
Sheet no. <u>7</u> of <u>31</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims				Subtotal (Total of this page)			26,225.61

B6F (Official Form 6F) (12/07) - Cont.

In re Walter H. Beich, III, Case No. _____
Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community		A M O U N T O F C L A I M
		H W J C	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	
Account No.				
Dex 8501 West 137th St. Overland Park, KS 66223	-	This is a corporate obligation of either Lockport Pharmacy Inc. or Frankfort Pharmacy Inc. for which the debtor does not acknowledge any obligation.		43,866.66
Account No.				
Dr. Comfort 10300 N. Enterprise Dr. Thiensville, WI 53092	-	This is a corporate obligation of either Lockport Pharmacy Inc. or Frankfort Pharmacy Inc. for which the debtor does not acknowledge any obligation.		536.79
Account No.				
Drug Package Inc. 901 Drug Package Land O Fallon, MO 63366	-	This is a corporate obligation of either Lockport Pharmacy Inc. or Frankfort Pharmacy Inc. for which the debtor does not acknowledge any obligation.		1,568.25
Account No.				
Dystrup, Hoster and Jarot 822 129th Infantry Dr. Joliet, IL 60435	-	This is a corporate obligation of either Lockport Pharmacy Inc. or Frankfort Pharmacy Inc. for which the debtor does not acknowledge any obligation.		700.00
Account No.				
E.F. Bavis Associates Inc. 201 Grandin Rd. Maineville, OH 45039	-	This is a corporate obligation of either Lockport Pharmacy Inc. or Frankfort Pharmacy Inc. for which the debtor does not acknowledge any obligation.		14,412.00
Sheet no. <u>8</u> of <u>31</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims				Subtotal (Total of this page)
				61,083.70

In re **Walter H. Beich, III**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.					
Account No.			This is a corporate obligation of either Lockport Pharmacy Inc. or Frankfort Pharmacy Inc. for which the debtor does not acknowledge any obligation.				Unknown	
Ed Anderson Chuck Bretz & Associates 58 N. Chicago Ave., 2nd Fl. Joliet, IL 60432	-							
Account No.			This is a corporate obligation to either Lockport Pharmacy, Inc. or Frankfort Pharmacy Inc. for which the debtor does not acknowledge any obligation.				Unknown	
Edward T. Anderson Chuck Bretz & Assoc., PC 58 N. Chicago, St., 2nd Fl Joliet, IL 60432	-							
Account No.			This is a corporate obligation of either Lockport Pharmacy Inc. or Frankfort Pharmacy Inc. for which the debtor does not acknowledge any obligation.				116.80	
Emdeon PO Box 572490 Salt Lake City, UT 84157	-							
Account No.			2-18-15 Sprint				1,035.90	
Enhanced Recovery Co. P.O. Box 23870 Jacksonville, FL 32241	-							
Account No.			This is a corporate obligation of either Lockport Pharmacy Inc. or Frankfort Pharmacy Inc. for which the debtor does not acknowledge any obligation.				195.68	
Fabric Traditions 519 8th Ave., 19th Floor New York, NY 10018	-							
Sheet no. <u>9</u> of <u>31</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	1,348.38

B6F (Official Form 6F) (12/07) - Cont.

In re **Walter H. Beich, III**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
Account No.			This is a corporate obligation of either Lockport Pharmacy Inc. or Frankfort Pharmacy Inc. for which the debtor does not acknowledge any obligation.				110.34	
Fed Ex PO Box 94515 Palatine, IL 60094								
Account No.			This is a corporate obligation of either Lockport Pharmacy Inc. or Frankfort Pharmacy Inc. for which the debtor does not acknowledge any obligation.				7,859.88	
First Tech Utility 1 North Brentwood, Suite 500 Saint Louis, MO 63105								
Account No.			This is a corporate obligation to either Lockport Pharmacy, Inc. or Frankfort Pharmacy Inc. for which the debtor does not acknowledge any obligation.				126.00	
Forest Alarm 1867 S. Washington St. Suite 110 Naperville, IL 60565								
Account No.			This is a corporate obligation of either Lockport Pharmacy Inc. or Frankfort Pharmacy Inc. for which the debtor does not acknowledge any obligation.				261.00	
Forest Alarm Services, Inc. 1807 S. Washington St. Naperville, IL 60565								
Account No.			This is a corporate obligation of either Lockport Pharmacy Inc. or Frankfort Pharmacy Inc. for which the debtor does not acknowledge any obligation.				4,877.96	
Fox Valley Fire & Safety 2730 Pinnacle Drive Elgin, IL 60124								
Sheet no. <u>10</u> of <u>31</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	13,235.18

B6F (Official Form 6F) (12/07) - Cont.

In re Walter H. Beich, III, Case No. _____
Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H U S B A N D W I F E J O I N T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No.			This is a corporate obligation of either Lockport Pharmacy Inc. or Frankfort Pharmacy Inc. for which the debtor does not acknowledge any obligation.				298.63
Frito Lay 75 Remittance Dr., Suite 1217 Chicago, IL 60675		-					
Account No.			1-10-15				18,093.95
Global Credit Collection 5440 N. Cumberland Suite 300 Chicago, IL 60656		-					
Account No.			This is a corporate obligation of either Lockport Pharmacy Inc. or Frankfort Pharmacy Inc. for which the debtor does not acknowledge any obligation.				185.00
Home City Ice 1125 International Parkway Woodridge, IL 60517		-					
Account No.			This is a corporate obligation of either Lockport Pharmacy Inc. or Frankfort Pharmacy Inc. for which the debtor does not acknowledge any obligation.				768.00
Home Pages 915 E. Lincoln Way Hwy. PO Box 801 DeKalb, IL 60115		-					
Account No.			This is a corporate obligation of either Lockport Pharmacy Inc. or Frankfort Pharmacy Inc. for which the debtor does not acknowledge any obligation.				2,000.00
Hudson Energy 24919 Network Place Chicago, IL 60673		-					
Sheet no. <u>11</u> of <u>31</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)
							21,345.58

B6F (Official Form 6F) (12/07) - Cont.

In re **Walter H. Beich, III**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No.			This is a corporate obligation of either Lockport Pharmacy Inc. or Frankfort Pharmacy Inc. for which the debtor does not acknowledge any obligation.				4,137.80
Humana Prescription Ntwk Operations 003/73266 325 W. Main St. WFP 6W Louisville, KY 40202		-					
Account No.			2-9-15				77,530.84
Illinois State Lottery P.O. Box 19080 Springfield, IL 62794		-					
Account No.			This is a corporate obligation of either Lockport Pharmacy Inc. or Frankfort Pharmacy Inc. for which the debtor does not acknowledge any obligation.				67,464.48
Illinois State Lottery PO Box 19080 Springfield, IL 62794		-					
Account No.			This is a corporate obligation of either Lockport Pharmacy Inc. or Frankfort Pharmacy Inc. for which the debtor does not acknowledge any obligation.				19,755.96
IMS 6201 W. Howard., Suite 100 Niles, IL 60714		-					
Account No.			This is a corporate obligation of either Lockport Pharmacy Inc. or Frankfort Pharmacy Inc. for which the debtor does not acknowledge any obligation.				1,708.15
Incomm 250 Williams Street 5th Fl., Suite 5-2002 Atlanta, GA 30303		-					
Sheet no. <u>12</u> of <u>31</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)
							170,597.23

B6F (Official Form 6F) (12/07) - Cont.

In re **Walter H. Beich, III**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	H U S B A N D , W I F E , J O I N T , O R C O M M U N I T Y	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		-	This is a corporate obligation of either Lockport Pharmacy Inc. or Frankfort Pharmacy Inc. for which the debtor does not acknowledge any obligation.				1,822.94
Independence Medical PO Box 635864 Cincinnati, OH 45263-5864							
Account No.		-	2-19-15				1,645.82
Islander Beach Resort 1601 S. Atlantic Ave. New Smyrna Beach, FL 32169							
Account No.		-	This is a corporate obligation of either Lockport Pharmacy Inc. or Frankfort Pharmacy Inc. for which the debtor does not acknowledge any obligation.				Unknown
Jay Levy Jay K. Levy & Associates PO Box 1181 Evanston, IL 60201-1181							
Account No.		-	This is a corporate obligation of either Lockport Pharmacy Inc. or Frankfort Pharmacy Inc. for which the debtor does not acknowledge any obligation.				845.06
Jigsaw Solutions 1296 Lakeview Dr. Romeoville, IL 60446							
Account No.		-	This is a corporate obligation of either Lockport Pharmacy Inc. or Frankfort Pharmacy Inc. for which the debtor does not acknowledge any obligation.				110.96
JR Distributions 1000 Crossroads Parkway Bolingbrook, IL 60490							
Subtotal (Total of this page)							4,424.78

Sheet no. 13 of 31 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

B6F (Official Form 6F) (12/07) - Cont.

In re **Walter H. Beich, III**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No.			This is a corporate obligation of either Lockport Pharmacy Inc. or Frankfort Pharmacy Inc. for which the debtor does not acknowledge any obligation.				104.47
JRS Ventures 37 Elaine Dr. O Fallon, MO 63366	-						
Account No.			This is a corporate obligation of either Lockport Pharmacy Inc. or Frankfort Pharmacy Inc. for which the debtor does not acknowledge any obligation.				333.70
JRS Ventures 37 Elaine Dr. O Fallon, MO 63366	-						
Account No.			This is a corporate obligation to either Lockport Pharmacy, Inc. or Frankfort Pharmacy Inc. for which the debtor does not acknowledge any obligation.				4,695.47
Lagnappe Pharmacy Services PO Box 637946 Cincinnati, OH 45263	-						
Account No.			This is a corporate obligation of either Lockport Pharmacy Inc. or Frankfort Pharmacy Inc. for which the debtor does not acknowledge any obligation.				5,548.85
Lagniappe PO Box 637946 Cincinnati, OH 45263-7946	-						
Account No.			2-4-15				11,085.91
Larry Wolfe 9933 Lawler Ave. Suite 105 Skokie, IL 60077	-						
Sheet no. <u>14</u> of <u>31</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims				Subtotal (Total of this page)			21,768.40

B6F (Official Form 6F) (12/07) - Cont.

In re Walter H. Beich, III, Case No. _____
Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H U S B A N D W I F E J O I N T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.							
Larry Wolfe 9933 Lawler Ave. Skokie, IL 60077		-	This is a corporate obligation of either Lockport Pharmacy Inc. or Frankfort Pharmacy Inc. for which the debtor does not acknowledge any obligation.				8,308.39
Account No.							
Lease Finance Group P.O. Box 7861 New York, NY 10116		-	2-11-15				1,278.87
Account No.							
Lease Finance Group 65 E. Wacker Pl., Suite 510 Chicago, IL 60601		-	This is a corporate obligation of either Lockport Pharmacy Inc. or Frankfort Pharmacy Inc. for which the debtor does not acknowledge any obligation.				1,180.75
Account No. 855A							
Lease Finance Group 65 E. Wacker Pl., Suite 510 Chicago, IL 60601		-	This is a corporate obligation of either Lockport Pharmacy Inc. or Frankfort Pharmacy Inc. for which the debtor does not acknowledge any obligation.				1,246.35
Account No. xxxxx #xxxx855A							
LFG (Leaf Finance Group) P.O. Box 7861 New York, NY 10116		-					1,313.05
Sheet no. <u>15</u> of <u>31</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							
Subtotal (Total of this page)							13,327.41

B6F (Official Form 6F) (12/07) - Cont.

In re Walter H. Beich, III, Case No. _____
Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H U S B A N D W I F E J O I N T O R	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. xxxxxx xx 3136			11-14-14				1,560.97
LID Financial Services 7322 S. W. Freeway Suite 1600 Houston, TX 77074		-					
Account No.			This is a corporate obligation of either Lockport Pharmacy Inc. or Frankfort Pharmacy Inc. for which the debtor does not acknowledge any obligation.				200.00
Lockport Chambers of Commerce 921 S. State St. Lockport, IL 60441		-					
Account No.			This is a corporate obligation of either Lockport Pharmacy Inc. or Frankfort Pharmacy Inc. for which the debtor does not acknowledge any obligation.				Unknown
Lockport Plaza Assc., LLC Carl Buck Rathbun Cservenyak et al. 3260 Executive Dr. Joliet, IL 60431		X -					
Account No.			Guarantee business lease for Lockport Pharmacy Inc.				Unknown
Lockport Plaza Assoc. c/o Carl Buck 24201 W. Main St. Plainfield, IL 60544		-					
Account No.			This is a corporate obligation of either Lockport Pharmacy Inc. or Frankfort Pharmacy Inc. for which the debtor does not acknowledge any obligation.				9,262.18
M & M New's Agency 342 N. 30th Road La Salle, IL 61301		-					
Sheet no. <u>16</u> of <u>31</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)
							11,023.15

B6F (Official Form 6F) (12/07) - Cont.

In re **Walter H. Beich, III**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	H U S B A N D W I F E J O I N T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.							
Masters Pahraceutical PO Box 713769 Cincinnati, OH 45271-3769		-	This is a corporate obligation of either Lockport Pharmacy Inc. or Frankfort Pharmacy Inc. for which the debtor does not acknowledge any obligation.				491.08
Account No.							
Masters Pharmaceutical Teller LEvit & Silvertrust 195 S. LaSalle St., Suite 701 Chicago, IL 60603		-	3-12-15 Court No. 14SC-6951				7,781.83
Account No.							
Matrix 110 Tices Lane Building A, Unit 5 B East Brunswick, NJ 08816		-	This is a corporate obligation of either Lockport Pharmacy Inc. or Frankfort Pharmacy Inc. for which the debtor does not acknowledge any obligation.				352.34
Account No.							
Maury Cobb Attorney at Law 600 Beacon Parkway, West 300B Birmingham, AL 35209-3120		-	This is a corporate obligation of either Lockport Pharmacy Inc. or Frankfort Pharmacy Inc. for which the debtor does not acknowledge any obligation.				1,708.15
Account No.							
McCarthy Burgess & Wolfe 26000 Cannon Rd. Bedford, OH 44146		-	This is a corporate obligation of either Lockport Pharmacy Inc. or Frankfort Pharmacy Inc. for which the debtor does not acknowledge any obligation.				1,822.94
Sheet no. <u>17</u> of <u>31</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							
Subtotal (Total of this page)							12,156.34

B6F (Official Form 6F) (12/07) - Cont.

In re Walter H. Beich, III, Case No. _____
Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H U S B A N D W I F E J O I N T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.							
Medical Screening Services, Inc. 5727 West Howard St. Niles, IL 60714-4070		-	This is a corporate obligation of either Lockport Pharmacy Inc. or Frankfort Pharmacy Inc. for which the debtor does not acknowledge any obligation.				632.00
Account No.							
Medical Security Card Company PO Box 800 City of Industry, CA 91716-8063		-	This is a corporate obligation of either Lockport Pharmacy Inc. or Frankfort Pharmacy Inc. for which the debtor does not acknowledge any obligation.				174.00
Account No.							
Mercedes-Benz 1305 Corporate Center Dr. Saint Paul, MN 55121		-	Will County Case Case No. 15AR31				24,343.00
Account No.							
Mercedez Benz Financial Attention Lock Box Dept. 36455 Corporate Drive Farmington, MI 48331		-	This is a corporate obligation of either Lockport Pharmacy Inc. or Frankfort Pharmacy Inc. for which the debtor does not acknowledge any obligation.				Unknown
Account No. 3645							
Nationwide Credit Inc. P.O. Box 26314 Lehigh Valley, PA 18002		-	3-12-15				2,166.24
Sheet no. <u>18</u> of <u>31</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							
Subtotal (Total of this page)							27,315.24

B6F (Official Form 6F) (12/07) - Cont.

In re **Walter H. Beich, III**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
Account No.			This is a corporate obligation to either Lockport Pharmacy, Inc. or Frankfort Pharmacy Inc. for which the debtor does not acknowledge any obligation.				5,428.56	
NCS 729 Miner Rd. Cleveland, OH 44143		-						
Account No.			This is a corporate obligation of either Lockport Pharmacy Inc. or Frankfort Pharmacy Inc. for which the debtor does not acknowledge any obligation.				500.00	
New A.D.E. Inc. 49 Garfield St. Holyoke, MA 01040		-						
Account No.			This is a corporate obligation of either Lockport Pharmacy Inc. or Frankfort Pharmacy Inc. for which the debtor does not acknowledge any obligation.				5,434.33	
Nicor Gas PO Box 5407 Carol Stream, IL 60197-5407		-						
Account No.			This is a corporate obligation of either Lockport Pharmacy Inc. or Frankfort Pharmacy Inc. for which the debtor does not acknowledge any obligation.				450.00	
NuWay Disposal 17726 Oak Park Ave., #1 Chicgo, IL 60495		-						
Account No.			This is a corporate obligation of either Lockport Pharmacy Inc. or Frankfort Pharmacy Inc. for which the debtor does not acknowledge any obligation.				300.00	
Oregon Mint Snuff Company 14155 SW Business Circle Rd. Terrebonne, OR 97760-7892		-						
Sheet no. <u>19</u> of <u>31</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	12,112.89

B6F (Official Form 6F) (12/07) - Cont.

In re **Walter H. Beich, III**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	H U S B A N D W I F E J O I N T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.							
Ottosen Britz Lelly Cooper Gilbert & Dinolfo 1804 N. Naper Blvd., Suite 350 Naperville, IL 60563		-	This is a corporate obligation of either Lockport Pharmacy Inc. or Frankfort Pharmacy Inc. for which the debtor does not acknowledge any obligation.				2,326.06
Account No.							
Package Express Centers PO Box 178 Greeneville, TN 37744		-	This is a corporate obligation of either Lockport Pharmacy Inc. or Frankfort Pharmacy Inc. for which the debtor does not acknowledge any obligation.				35.31
Account No.							
Pepperidge Farm 230 2nd St. Downers Grove, IL 60515-5282		-	This is a corporate obligation of either Lockport Pharmacy Inc. or Frankfort Pharmacy Inc. for which the debtor does not acknowledge any obligation.				464.95
Account No.							
Pepsi 1400 W. 35th St. Chicago, IL 60609		-	This is a corporate obligation of either Lockport Pharmacy Inc. or Frankfort Pharmacy Inc. for which the debtor does not acknowledge any obligation.				527.85
Account No.							
Pharmaceutical Returns Services 110 Oak St. North Aurora, IL 60542		-	This is a corporate obligation of either Lockport Pharmacy Inc. or Frankfort Pharmacy Inc. for which the debtor does not acknowledge any obligation.				866.32
Sheet no. 20 of 31 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							
Subtotal (Total of this page)							4,220.49

B6F (Official Form 6F) (12/07) - Cont.

In re **Walter H. Beich, III**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
Account No.			This is a corporate obligation to either Lockport Pharmacy, Inc. or Frankfort Pharmacy Inc. for which the debtor does not acknowledge any obligation.				776.50	
Pharmacists Mutual PO Box 370 Algona, IA 50511		-						
Account No.			12-29-14				5,492.76	
Pinnacle Recovery P.O. Box 130848 Carlsbad, CA 92013		-						
Account No.			This is a corporate obligation of either Lockport Pharmacy Inc. or Frankfort Pharmacy Inc. for which the debtor does not acknowledge any obligation.				1,000.00	
Precious Moments 4105 Chapel Rd. Carthage, MO 64836		-						
Account No.			This is a corporate obligation of either Lockport Pharmacy Inc. or Frankfort Pharmacy Inc. for which the debtor does not acknowledge any obligation.				940.00	
Preferred Business Publications 1938 Lincoln Highway, Suite 219 New Lenox, IL 60451		-						
Account No.			This is a corporate obligation of either Lockport Pharmacy Inc. or Frankfort Pharmacy Inc. for which the debtor does not acknowledge any obligation.				72,790.80	
Prime Therapeutics 1305 Corporate Center Dr. Saint Paul, MN 55121		-						
Sheet no. <u>21</u> of <u>31</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	81,000.06

B6F (Official Form 6F) (12/07) - Cont.

In re Walter H. Beich, III, Case No. _____
Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. Prime Therapeutics 1305 Corporate Center Saint Paul, MN 55121			This is a corporate obligation to either Lockport Pharmacy, Inc. or Frankfort Pharmacy Inc. for which the debtor does not - acknowledge any obligation.				72,790.80
Account No. Progressive Inventory Services 6209 W. Grand Ave. Chicago, IL 60639			This is a corporate obligation of either Lockport Pharmacy Inc. or Frankfort Pharmacy Inc. for which the debtor does not - acknowledge any obligation.				1,500.00
Account No. Real Club Resorts Avenida Bonampak Mza.2, Lote7 Edificio A, Local A B y C Tercer Pi Cancun, ME 77500		X	-				3,459.20
Account No. Reliable Color 709 Lindsey Lane Bolingbrook, IL 60440			This is a corporate obligation of either Lockport Pharmacy Inc. or Frankfort Pharmacy Inc. for which the debtor does not - acknowledge any obligation.				Unknown
Account No. Retail Date Systems 1998 Ohio St., Suite 300 Lisle, IL 60532			This is a corporate obligation of either Lockport Pharmacy Inc. or Frankfort Pharmacy Inc. for which the debtor does not - acknowledge any obligation.				2,545.00
Sheet no. <u>22</u> of <u>31</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page) 80,295.00

B6F (Official Form 6F) (12/07) - Cont.

In re **Walter H. Beich, III**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
Account No.			This is a corporate obligation of either Lockport Pharmacy Inc. or Frankfort Pharmacy Inc. for which the debtor does not acknowledge any obligation.				1,772.65	
Retalix 6100 Tennyson Parkway Suite 130 Plano, TX 75024								
Account No.			This is a corporate obligation of either Lockport Pharmacy Inc. or Frankfort Pharmacy Inc. for which the debtor does not acknowledge any obligation.				1,923.77	
Revenue Assurance Partners 19399 Helenberg Rd. Covington, LA 70433								
Account No.			This is a corporate obligation of either Lockport Pharmacy Inc. or Frankfort Pharmacy Inc. for which the debtor does not acknowledge any obligation.				5,906.76	
River City Pharmacy PO Box 713774 Cincinnati, OH 45271-3774								
Account No.			This is a corporate obligation to either Lockport Pharmacy, Inc. or Frankfort Pharmacy Inc. for which the debtor does not acknowledge any obligation.				2,925.77	
River City Pharmacy 11930 Kemper Springs Dr. Cincinnati, OH 45240								
Account No.			This is a corporate obligation of either Lockport Pharmacy Inc. or Frankfort Pharmacy Inc. for which the debtor does not acknowledge any obligation.				585.00	
Royal Publishing 7620 N. marker Dr. Peoria, IL 61615								
Sheet no. <u>23</u> of <u>31</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	13,113.95

B6F (Official Form 6F) (12/07) - Cont.

In re **Walter H. Beich, III**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.							
RR Donnelley PO Bpx 93514 Chicago, IL 60673-3514		-	This is a corporate obligation of either Lockport Pharmacy Inc. or Frankfort Pharmacy Inc. for which the debtor does not acknowledge any obligation.				1,134.08
Account No.							
S. Abraham & Sons Inc. AG Adjustments 740 Walt Whitman Rd. Melville, NY 11747-9090		-	This is a corporate obligation of either Lockport Pharmacy Inc. or Frankfort Pharmacy Inc. for which the debtor does not acknowledge any obligation.				3,910.82
Account No.							
S. Abraham & Sons, Inc. PO Box 1768 4001 Three Mile Rd., NW Grand Rapids, MI 49501-1768		-	This is a corporate obligation of either Lockport Pharmacy Inc. or Frankfort Pharmacy Inc. for which the debtor does not acknowledge any obligation.				2,934.97
Account No.							
Sav-RX Advantage 224 North Park Ave. Fremont, NE 68025		-	This is a corporate obligation of either Lockport Pharmacy Inc. or Frankfort Pharmacy Inc. for which the debtor does not acknowledge any obligation.				27.00
Account No.							
Siesta Sands Beach Resorts 1001 Point of Rocks Rd. Sarasota, FL 34242		-					Unknown
Sheet no. 24 of 31 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							
Subtotal (Total of this page)							8,006.87

B6F (Official Form 6F) (12/07) - Cont.

In re **Walter H. Beich, III**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	H U S B A N D W I F E J O I N T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.							
Snyders of Hanover 7950 185th St. Tinley Park, IL 60477		-	This is a corporate obligation of either Lockport Pharmacy Inc. or Frankfort Pharmacy Inc. for which the debtor does not acknowledge any obligation.				563.36
Account No.							
Special Interest Group 111 Peerwood Rd., Suite 200 San Ramon, CA 94583		-	This is a corporate obligation of either Lockport Pharmacy Inc. or Frankfort Pharmacy Inc. for which the debtor does not acknowledge any obligation.				125.00
Account No.							
Spectrio 4100 Midway Rd, Suite 2115 Carrollton, TX 75007		-					391.30
Account No.							
Sprint PO Box 4191 Carol Stream, IL 60197		-	This is a corporate obligation of either Lockport Pharmacy Inc. or Frankfort Pharmacy Inc. for which the debtor does not acknowledge any obligation.				1,100.00
Account No.							
St. Dennis 1214 Hamilton St. Lockport, IL 60441		-	This is a corporate obligation of either Lockport Pharmacy Inc. or Frankfort Pharmacy Inc. for which the debtor does not acknowledge any obligation.				280.00
Sheet no. 25 of 31 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							
Subtotal (Total of this page)							2,459.66

B6F (Official Form 6F) (12/07) - Cont.

In re **Walter H. Beich, III**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.							
Standard Bank 7800 W. 95th Street Hickory Hills, IL 60457	X	-	This is a corporate obligation to either Lockport Pharmacy, Inc. or Frankfort Pharmacy Inc. for which the debtor does not acknowledge any obligation.				Unknown
Account No.							
Staples 1125 E. Ogden Ave. Naperville, IL 60563		-	This is a corporate obligation of either Lockport Pharmacy Inc. or Frankfort Pharmacy Inc. for which the debtor does not acknowledge any obligation.				136.19
Account No.							
Stockwell Greetings Chicago 7115 West North Ave. Oak Park, IL 60302		-	This is a corporate obligation of either Lockport Pharmacy Inc. or Frankfort Pharmacy Inc. for which the debtor does not acknowledge any obligation.				418.50
Account No.							
Suntrust Bank PO Box 62047 Orlando, FL 32862	X	-	Guarantee of debt due from Lockport Pharmacy Inc.				765,096.21
Account No.							
Teller, Levit & Silvertrust PC 19 S. LaSalle St., Suite 701 Chicago, IL 60603		-	This is a corporate obligation of either Lockport Pharmacy Inc. or Frankfort Pharmacy Inc. for which the debtor does not acknowledge any obligation.				6,675.73
Sheet no. 26 of 31 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							
Subtotal (Total of this page)							772,326.63

Case No. _____

(Continuation Sheet)

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B6F (Official Form 6F) (12/07) - Cont.

In re Walter H. Beich, III, Case No. _____
Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	H U S B A N D W I F E J O I N T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xxxxx-xxxxxx9228							
Top RX 2950 Brothers Blvd., Suite 101 Memphis, TN 38133		-					208.53
Account No.			This is a corporate obligation of either				
Torf Law Firm 555 Skokie Blvd., suite 500 Northbrook, IL 60062		-	Lockport Pharmacy Inc. or Frankfort Pharmacy Inc. for which the debtor does not acknowledge any obligation.				6,851.66
Account No.			This is a corporate obligation of either				
Tracy, Johnson & Wilson 2801 Black Rd. 2nd fl Joliet, IL 60435		-	Lockport Pharmacy Inc. or Frankfort Pharmacy Inc. for which the debtor does not acknowledge any obligation.				3,300.00
Account No.			This is a corporate obligation of either				
United Delivery Service 1111 N. Ridge. Rd. Lombard, IL 60148		-	Lockport Pharmacy Inc. or Frankfort Pharmacy Inc. for which the debtor does not acknowledge any obligation.				40.98
Account No.			This is a corporate obligation of either				
United States Post Office National Customer Support Center 433 W. Harrison St., Suite 2007C Chicago, IL 60699-9321		-	Lockport Pharmacy Inc. or Frankfort Pharmacy Inc. for which the debtor does not acknowledge any obligation.				1,702.17
Sheet no. 28 of 31 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							
Subtotal (Total of this page)							12,103.34

B6F (Official Form 6F) (12/07) - Cont.

In re **Walter H. Beich, III**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.							
UPS Freight 28013 Network Place Chicago, IL 60673		-	This is a corporate obligation of either Lockport Pharmacy Inc. or Frankfort Pharmacy Inc. for which the debtor does not acknowledge any obligation.				1,542.40
Account No.							
US Balloon Company 140 58th St. Brooklyn, NY 11209		-	This is a corporate obligation of either Lockport Pharmacy Inc. or Frankfort Pharmacy Inc. for which the debtor does not acknowledge any obligation.				42.64
Account No.							
US Bank Equipment Lease 1310 Madrid St. Marshall, MN 56258		-	This is a corporate obligation of either Lockport Pharmacy Inc. or Frankfort Pharmacy Inc. for which the debtor does not acknowledge any obligation.				663.82
Account No.							
US Gas 11618 South Mayfield Alsip, IL 60803		-	This is a corporate obligation of either Lockport Pharmacy Inc. or Frankfort Pharmacy Inc. for which the debtor does not acknowledge any obligation.				792.14
Account No.							
US Script 2425 W. Shaw Ave. Fresno, CA 93711		-	This is a corporate obligation of either Lockport Pharmacy Inc. or Frankfort Pharmacy Inc. for which the debtor does not acknowledge any obligation.				312.20
Sheet no. 29 of 31 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							
Subtotal (Total of this page)							3,353.20

B6F (Official Form 6F) (12/07) - Cont.

In re **Walter H. Beich, III**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.							
Variety Distributions Inc. 609 7th St. Harlan, IA 51537		-	This is a corporate obligation of either Lockport Pharmacy Inc. or Frankfort Pharmacy Inc. for which the debtor does not acknowledge any obligation.				50,515.50
Account No.							
VIP c/o ANDA 2915 Weston Rd. Fort Lauderdale, FL 33331		-	This is a corporate obligation of either Lockport Pharmacy Inc. or Frankfort Pharmacy Inc. for which the debtor does not acknowledge any obligation.				12,787.60
Account No.							
Waste Management 700 E. Botterfield Rd. 4th Fl. Lombard, IL 60148		-	This is a corporate obligation of either Lockport Pharmacy Inc. or Frankfort Pharmacy Inc. for which the debtor does not acknowledge any obligation.				691.95
Account No.							
Westgate Branson Lakes 750 Emerald Pointe Dr. Hollister, MO 65672		-					Unknown
Account No.							
Windmill Health Products 6 Henderson Dr. Caldwell, NJ 07006		-	This is a corporate obligation of either Lockport Pharmacy Inc. or Frankfort Pharmacy Inc. for which the debtor does not acknowledge any obligation.				290.34
Sheet no. 30 of 31 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							
Subtotal (Total of this page)							64,285.39

In re **Walter H. Beich, III**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. Windmill Health Products 6 Henderson Dr. Caldwell, NJ 07006		This is a corporate obligation to either Lockport Pharmacy, Inc. or Frankfort Pharmacy Inc. for which the debtor does not - acknowledge any obligation.				58.13	
Account No. Yellow Book Sales c/oDaniel Spilotro @ Spilotro Law 2551 N. Clark St., Suite 300 Chicago, IL 60614		This is a corporate obligation of either Lockport Pharmacy Inc. or Frankfort Pharmacy Inc. for which the debtor does not - acknowledge any obligation.				12,644.95	
Account No. Yellowstone 160 Pearl St. New York, NY 10005	X	This is a corporate obligation of either Lockport Pharmacy Inc. or Frankfort Pharmacy Inc. for which the debtor does not - acknowledge any obligation.				50,000.00	
Account No. Yellowstone 160 Pear St. New York, NY 10005		-				50,000.00	
Account No. Yellowstone 160 Pear St. New York, NY 10005		This is a corporate obligation to either Lockport Pharmacy, Inc. or Frankfort Pharmacy Inc. for which the debtor does not - acknowledge any obligation.				Unknown	
Sheet no. 31 of 31 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page) 112,703.08
Total (Report on Summary of Schedules)							2,155,738.62

In re Walter H. Beich, III, Case No. _____
Debtor

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser", "Agent", etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code, of Other Parties to Lease or Contract	Description of Contract or Lease and Nature of Debtor's Interest. State whether lease is for nonresidential real property. State contract number of any government contract.
Keller Williams Preferred Realty 16123 S. LaGrange Rd. Orland Park, IL 60467	Residential Exclusive Right to Sell Marketing Agreement regarding 17100 S. Parker Rd., Homer Glen, Illinois 60491.

In re Walter H. Beich, III Case No. _____
Debtor

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
Frankfort Pharmacy, Inc. d/b/a Corwin Pharmacy 222 Colorado Frankfort, IL 60423	Standard Bank 7800 W. 95th Street Hickory Hills, IL 60457
Frankfort Pharmacy, Inc. d/b/a Corwin Pharmacy 222 Colorado Frankfort, IL 60423	Yellowstone 160 Pearl St. New York, NY 10005
Julie Beich (former Spouse)	Celebrity Resorts Orlando 2800 North Poinciana Blvd. Kissimmee, FL 34746 Time Share
Julie Beich (former Spouse)	Crystal Beach Suites P.O. Box 3273 Orlando, FL 32802 Time Share
Julie Beich (former Spouse)	Islander Beach Resort 1601 S. Atlantic Ave. New Smyrna Beach, FL 32169 Time Share
Julie Beich (former Spouse)	Siesta Sands Beach Resort 1001 Point of Rocks Rd. Sarasota, FL 34242 Time Share
Julie Beich (former Spouse)	Westgate Branson Lakes 750 Emerald Pointe Drive Hollister, MO 65672 Time Share
Julie Beich (former Spouse)	Real Club Resorts Avenida Bonampak Mza.2, Lote7 Edificio A, Local A B y C Tercer Pi Cancun, ME 77500 Time Share
Lockport Pharmacy, Inc. d/b/a Corwin Pharmacy 954 E. 9th Street Lockport, IL 60441	Standard Bank 7800 W. 95th Street Hickory Hills, IL 60457

In re Walter H. Beich, III, Case No. _____
Debtor

SCHEDULE H - CODEBTORS
(Continuation Sheet)

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
Lockport Pharmacy, Inc. d/b/a Corwin Pharmacy 954 E. 9th Street Lockport, IL 60441	Yellowstone 160 Pearl St. New York, NY 10005
Lockport Pharmacy, Inc. d/b/a Corwin Pharmacy 954 E. 9th Street Lockport, IL 60441	Suntrust Bank PO Box 62047 Orlando, FL 32862
Lockport Pharmacy, Inc. d/b/a Corwin Pharmacy 954 E. 9th Street Lockport, IL 60441	Cardinal Health 7000 Cardinal Place Dublin, OH 43017
Lockport Pharmacy, Inc. d/b/a Corwin Pharmacy 954 E. 9th Street Lockport, IL 60441	Lockport Plaza Assc., LLC Carl Buck Rathbun Cservenyak et al. 3260 Executive Dr. Joliet, IL 60431

Fill in this information to identify your case:

Debtor 1 Walter H. Beich, III

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS

Case number _____
(If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing post-petition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form B 61

Schedule I: Your Income

12/13

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

Occupation

Employer's name

Employer's address

How long employed there?

Debtor 1

- ☐ Employed
- ☒ Not employed

Debtor 2 or non-filing spouse

- ☐ Employed
- ☐ Not employed

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	\$ 0.00	\$ N/A
3. Estimate and list monthly overtime pay.	+\$ 0.00	+\$ N/A
4. Calculate gross income. Add line 2 + line 3.	\$ 0.00	\$ N/A

Debtor 1 **Walter H. Beich, III**

Case number (if known)

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here	4. \$ 0.00	\$ N/A
5. List all payroll deductions:		
5a. Tax, Medicare, and Social Security deductions	5a. \$ 0.00	\$ N/A
5b. Mandatory contributions for retirement plans	5b. \$ 0.00	\$ N/A
5c. Voluntary contributions for retirement plans	5c. \$ 0.00	\$ N/A
5d. Required repayments of retirement fund loans	5d. \$ 0.00	\$ N/A
5e. Insurance	5e. \$ 0.00	\$ N/A
5f. Domestic support obligations	5f. \$ 0.00	\$ N/A
5g. Union dues	5g. \$ 0.00	\$ N/A
5h. Other deductions. Specify: _____	5h.+ \$ 0.00	+ \$ N/A
6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6. \$ 0.00	\$ N/A
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ 0.00	\$ N/A
8. List all other income regularly received:		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ 0.00	\$ N/A
8b. Interest and dividends	8b. \$ 0.00	\$ N/A
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ 0.00	\$ N/A
8d. Unemployment compensation	8d. \$ 1,656.00	\$ N/A
8e. Social Security	8e. \$ 0.00	\$ N/A
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Food Stamps	8f. \$ 194.00	\$ N/A
8g. Pension or retirement income	8g. \$ 0.00	\$ N/A
8h. Other monthly income. Specify: _____	8h.+ \$ 0.00	+ \$ N/A
9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9. \$ 1,850.00	\$ N/A
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ 1,850.00 + \$ N/A	= \$ 1,850.00
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in <i>Schedule J</i> . Specify: _____		
	11. +\$ 0.00	
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the <i>Summary of Schedules</i> and <i>Statistical Summary of Certain Liabilities and Related Data</i> , if it applies	12. \$ 1,850.00 Combined monthly income	
13. Do you expect an increase or decrease within the year after you file this form?		
<input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes. Explain: _____		

Fill in this information to identify your case:

Debtor 1 Walter H. Beich, III

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS

Case number _____
(If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing post-petition chapter 13 expenses as of the following date:

MM / DD / YYYY

- ☐ A separate filing for Debtor 2 because Debtor 2 maintains a separate household

Official Form B 6J

Schedule J: Your Expenses

12/13

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

- ☒ No. Go to line 2.
- ☐ Yes. Does Debtor 2 live in a separate household?
- ☐ No
- ☐ Yes. Debtor 2 must file a separate Schedule J.

2. Do you have dependents? ☒ No

Do not list Debtor 1 and Debtor 2.

☐ Yes.

Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

Do not state the dependents' names.

- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes

3. Do your expenses include expenses of people other than yourself and your dependents? ☒ No ☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 6I.)

Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ 0.00

If not included in line 4:

4a. Real estate taxes

4a. \$ 0.00

4b. Property, homeowner's, or renter's insurance

4b. \$ 220.00

4c. Home maintenance, repair, and upkeep expenses

4c. \$ 0.00

4d. Homeowner's association or condominium dues

4d. \$ 0.00

5. Additional mortgage payments for your residence, such as home equity loans

5. \$ 0.00

Debtor 1 **Walter H. Beich, III**

Case number (if known)

6. Utilities:		
6a. Electricity, heat, natural gas	6a. \$	300.00
6b. Water, sewer, garbage collection	6b. \$	0.00
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$	120.00
6d. Other. Specify: _____	6d. \$	0.00
7. Food and housekeeping supplies		7. \$ 400.00
8. Childcare and children's education costs		8. \$ 0.00
9. Clothing, laundry, and dry cleaning		9. \$ 50.00
10. Personal care products and services		10. \$ 0.00
11. Medical and dental expenses		11. \$ 0.00
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.		12. \$ 200.00
13. Entertainment, clubs, recreation, newspapers, magazines, and books		13. \$ 0.00
14. Charitable contributions and religious donations		14. \$ 0.00
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a. Life insurance	15a. \$	0.00
15b. Health insurance	15b. \$	0.00
15c. Vehicle insurance	15c. \$	100.00
15d. Other insurance. Specify: _____	15d. \$	0.00
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____		16. \$ 0.00
17. Installment or lease payments:		
17a. Car payments for Vehicle 1	17a. \$	0.00
17b. Car payments for Vehicle 2	17b. \$	0.00
17c. Other. Specify: _____	17c. \$	0.00
17d. Other. Specify: _____	17d. \$	0.00
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 6I).		18. \$ 0.00
19. Other payments you make to support others who do not live with you. Specify: _____		\$ 0.00
20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.		
20a. Mortgages on other property	20a. \$	0.00
20b. Real estate taxes	20b. \$	0.00
20c. Property, homeowner's, or renter's insurance	20c. \$	0.00
20d. Maintenance, repair, and upkeep expenses	20d. \$	0.00
20e. Homeowner's association or condominium dues	20e. \$	0.00
21. Other: Specify: _____		21. +\$ 0.00
22. Your monthly expenses. Add lines 4 through 21. The result is your monthly expenses.		22. \$ 1,390.00
23. Calculate your monthly net income.		
23a. Copy line 12 (your combined monthly income) from Schedule I.	23a. \$	1,850.00
23b. Copy your monthly expenses from line 22 above.	23b. -\$	1,390.00
23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .	23c. \$	460.00
24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?		
<input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes. Explain:		

United States Bankruptcy Court
Northern District of IllinoisIn re Walter H. Beich, III

Debtor(s)

Case No.
Chapter7**DECLARATION CONCERNING DEBTOR'S SCHEDULES**

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of
52 sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date July 24, 2015

Signature

Walter H. Beich, III

Debtor

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
18 U.S.C. §§ 152 and 3571.

United States Bankruptcy Court
Northern District of Illinois

In re **Walter H. Beich, III**

Debtor(s)

Case No.

Chapter

7

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any persons in control of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(2), (31).

1. Income from employment or operation of business

None

☐ State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT
\$15,114.00
\$178.63
\$149.45

SOURCE
2015 - Work as Pharmacist - Now Laid Off
2013 - Interest Income
2014 - Interest Income

2. Income other than from employment or operation of business

None

☒ State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT

SOURCE

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2

3. Payments to creditors

None ☐ Complete a. or b., as appropriate, and c.

a. *Individual or joint debtor(s) with primarily consumer debts:* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS	AMOUNT PAID	AMOUNT STILL OWING
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None ☐ b. *Debtor whose debts are not primarily consumer debts:* List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$6,225*. If the debtor is an individual, indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS/ TRANSFERS	AMOUNT PAID OR VALUE OF TRANSFERS	AMOUNT STILL OWING
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None ☐ c. *All debtors:* List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR	DATE OF PAYMENT	AMOUNT PAID	AMOUNT STILL OWING
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4. Suits and administrative proceedings, executions, garnishments and attachments

None ☐ a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER	NATURE OF PROCEEDING	COURT OR AGENCY AND LOCATION	STATUS OR DISPOSITION
Variety Distributors vs. Corwin Pharmacy, Lockport Pharmacy, Walter Beich Case No. 2013 AR 627	Citation		Pending
Standard Bank vs. Frankfort Pharmacy Case No. 2013 L 311			Judgment
Standard Bank vs. Lockport Pharmacy Case No. 2013 L 310	Judgment		Judgement Pending
Standard Bank vs. Walter Beich Case No. 2013 L 312	Judgment		Pending
Mercedes Benz Financial vs. Walter Beich Case No. 2014 AR 442	Judgment		Pending
Hibu, Inc. vs. Corwin Pharmacy, Lockport Pharmacy Case No. 2014 AR 626	Judgement		Open

* Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

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3 CAPTION OF SUIT AND CASE NUMBER Standard Bank vs. Walter Beich Case No. 2014 CH 813	NATURE OF PROCEEDING	COURT OR AGENCY AND LOCATION	STATUS OR DISPOSITION Closed
Lockport Plaza vs. Corwin Pharmacy, Walter Beich Case No. 2014 L 811			Dismissed w/o prejudice
Masters Pharmaceutical vs. Corwin Pharmacy, Lockport Pharmacy, Walter Beich Case No. 2014 SC6951	Citation		Pending
Mercedes Benz Financial vs. Walter Beich Case No. 2015 AR 31			Open

- None ☒ b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED	DATE OF SEIZURE	DESCRIPTION AND VALUE OF PROPERTY
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5. Repossessions, foreclosures and returns

- None ☐ List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER	DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN	DESCRIPTION AND VALUE OF PROPERTY
Standard Bank 7800 W. 95th Street Hickory Hills, IL 60457		17100 S. Parker Rd. Homer Glen, IL 60491 Mortgage on Residence \$0.00

6. Assignments and receiverships

- None ☒ a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF ASSIGNEE	DATE OF ASSIGNMENT	TERMS OF ASSIGNMENT OR SETTLEMENT
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- None ☒ b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CUSTODIAN	NAME AND LOCATION OF COURT CASE TITLE & NUMBER	DATE OF ORDER	DESCRIPTION AND VALUE OF PROPERTY
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7. Gifts

- None ☒ List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION	RELATIONSHIP TO DEBTOR, IF ANY	DATE OF GIFT	DESCRIPTION AND VALUE OF GIFT
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8. Losses

- None ☒ List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case**. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY	DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS	DATE OF LOSS
-----------------------------------	--	--------------

9. Payments related to debt counseling or bankruptcy

- None ☐ List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of the petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYER IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
Crane, Heyman, Simon, Welch & Clar 135 S. LaSalle Street Suite 3705 Chicago, IL 60603	4/3/2015	5000.00

10. Other transfers

- None ☒ a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR	DATE	DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED
--	------	--

- None ☒ b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

NAME OF TRUST OR OTHER DEVICE	DATE(S) OF TRANSFER(S)	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S INTEREST IN PROPERTY
-------------------------------	------------------------	---

11. Closed financial accounts

- None ☐ List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION	TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE	AMOUNT AND DATE OF SALE OR CLOSING
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NAME AND ADDRESS OF INSTITUTION	TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE	AMOUNT AND DATE OF SALE OR CLOSING
Charter One	Checking Ending in 6607	Closed 11-19-13
Standard Bank	Checking Ending in 8003	Closed 9-20-14
BMO Harris	Checking Ending in 6322	Closed 9-30-14
BMO Harris	Checking Ending in 5637	Closed 7-12-13

12. Safe deposit boxes

- None ☐ List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY	NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY	DESCRIPTION OF CONTENTS	DATE OF TRANSFER OR SURRENDER, IF ANY
First Midwest Bank Lockport, IL 60441	Walter Beich	Empty	

13. Setoffs

- None ☒ List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATE OF SETOFF	AMOUNT OF SETOFF
------------------------------	----------------	------------------

14. Property held for another person

- None ☒ List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER	DESCRIPTION AND VALUE OF PROPERTY	LOCATION OF PROPERTY
---------------------------	-----------------------------------	----------------------

15. Prior address of debtor

- None ☒ If the debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS	NAME USED	DATES OF OCCUPANCY
---------	-----------	--------------------

16. Spouses and Former Spouses

- None ☒ If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

B7 (Official Form 7) (04/13)

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17. Environmental Information.

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

- None ☐ a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
-----------------------	---------------------------------------	----------------	-------------------

- None ☐ b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
-----------------------	---------------------------------------	----------------	-------------------

- None ☐ c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NAME AND ADDRESS OF GOVERNMENTAL UNIT	DOCKET NUMBER	STATUS OR DISPOSITION
---------------------------------------	---------------	-----------------------

18 . Nature, location and name of business

- None ☐ a. *If the debtor is an individual*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within **six years** immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

NAME	LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO. (ITIN)/ COMPLETE EIN	ADDRESS	NATURE OF BUSINESS	BEGINNING AND ENDING DATES
Lockport Pharmacy, Inc.	36-3210523	d/b/a Corwin Pharmacy 954 E. 9th Street Lockport, IL 60441		Ch. 7 Filing Case No. 14-39396
Frankfort Pharmacy, Inc.	36-3850321	d/b/a Corwin Pharmacy 222 Colorado Frankfort, IL 60423		Ch. 7 Filing Case No. 14-39404

B7 (Official Form 7) (04/13)

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None ☐ b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

☐

NAME

ADDRESS

The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within **six years** immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor, or self-employed in a trade, profession, or other activity, either full- or part-time.

*(An individual or joint debtor should complete this portion of the statement **only** if the debtor is or has been in business, as defined above, within six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)*

19. Books, records and financial statements

None ☐ a. List all bookkeepers and accountants who within **two years** immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

☐

NAME AND ADDRESS

DATES SERVICES RENDERED

None ☐ b. List all firms or individuals who within the **two years** immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

☐

NAME

ADDRESS

DATES SERVICES RENDERED

None ☐ c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

☐

NAME

ADDRESS

None ☐ d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within **two years** immediately preceding the commencement of this case.

☐

NAME AND ADDRESS

DATE ISSUED

20. Inventories

None ☐ a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

☐

DATE OF INVENTORY

INVENTORY SUPERVISOR

DOLLAR AMOUNT OF INVENTORY
(Specify cost, market or other basis)

None ☐ b. List the name and address of the person having possession of the records of each of the inventories reported in a., above.

☐

DATE OF INVENTORY

NAME AND ADDRESSES OF CUSTODIAN OF INVENTORY
RECORDS

21. Current Partners, Officers, Directors and Shareholders

None ☐ a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

☐

NAME AND ADDRESS

NATURE OF INTEREST

PERCENTAGE OF INTEREST

B7 (Official Form 7) (04/13)

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None ☐ b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation.

NAME AND ADDRESS	TITLE	NATURE AND PERCENTAGE OF STOCK OWNERSHIP
------------------	-------	--

22 . Former partners, officers, directors and shareholders

None ☐ a. If the debtor is a partnership, list each member who withdrew from the partnership within **one year** immediately preceding the commencement of this case.

NAME	ADDRESS	DATE OF WITHDRAWAL
------	---------	--------------------

None ☐ b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS	TITLE	DATE OF TERMINATION
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23 . Withdrawals from a partnership or distributions by a corporation

None ☐ If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during **one year** immediately preceding the commencement of this case.

NAME & ADDRESS OF RECIPIENT, RELATIONSHIP TO DEBTOR	DATE AND PURPOSE OF WITHDRAWAL	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
---	--------------------------------	--

24. Tax Consolidation Group.

None ☐ If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within **six years** immediately preceding the commencement of the case.

NAME OF PARENT CORPORATION	TAXPAYER IDENTIFICATION NUMBER (EIN)
----------------------------	--------------------------------------

25. Pension Funds.

None ☐ If the debtor is not an individual, list the name and federal taxpayer-identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within **six years** immediately preceding the commencement of the case.

NAME OF PENSION FUND	TAXPAYER IDENTIFICATION NUMBER (EIN)
----------------------	--------------------------------------

* * * * *

B7 (Official Form 7) (04/13)

9

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date July 24, 2015

Signature /s/ Walter H. Beich, III
Walter H. Beich, III
Debtor

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

B7 (Official Form 7) (04/13)

9

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date July 24, 2015

Signature



Walter H. Beich, III

Debtor

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

B8 (Form 8) (12/08)

United States Bankruptcy Court
Northern District of Illinois

In re Walter H. Beich, III

Debtor(s)

Case No.

Chapter

7

CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION

PART A - Debts secured by property of the estate. (Part A must be fully completed for **EACH** debt which is secured by property of the estate. Attach additional pages if necessary.)

Property No. 1	
Creditor's Name: -NONE-	Describe Property Securing Debt:
Property will be (check one): <input type="checkbox"/> Surrendered <input type="checkbox"/> Retained	
If retaining the property, I intend to (check at least one): <input type="checkbox"/> Redeem the property <input type="checkbox"/> Reaffirm the debt <input type="checkbox"/> Other. Explain _____ (for example, avoid lien using 11 U.S.C. § 522(f)).	
Property is (check one): <input type="checkbox"/> Claimed as Exempt <input type="checkbox"/> Not claimed as exempt	

PART B - Personal property subject to unexpired leases. (All three columns of Part B must be completed for each unexpired lease. Attach additional pages if necessary.)

Property No. 1		
Lessor's Name: -NONE-	Describe Leased Property:	Lease will be Assumed pursuant to 11 U.S.C. § 365(p)(2): <input type="checkbox"/> YES <input type="checkbox"/> NO

I declare under penalty of perjury that the above indicates my intention as to any property of my estate securing a debt and/or personal property subject to an unexpired lease.

Date **July 24, 2015**

Signature **/s/ Walter H. Beich, III**
Walter H. Beich, III
Debtor

B8 (Form 8) (12/08)

Page 2

I declare under penalty of perjury that the above indicates my intention as to any property of my estate securing a debt and/or personal property subject to an unexpired lease.

Date July 24, 2015

Signature



Walter H. Beich, III

Debtor

United States Bankruptcy Court
Northern District of Illinois

In re Walter H. Beich, III

Debtor(s)

Case No.
Chapter

7

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	\$	<u>5,000.00</u>
Prior to the filing of this statement I have received	\$	<u>5,000.00</u>
Balance Due	\$	<u>0.00</u>

2. \$ 335.00 of the filing fee has been paid.

3. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify):

4. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify):

5. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

6. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]

7. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

adversary proceedings, complaints to determine dischargeability of debt and complaints objecting to discharge, redemption proceedings, abandonment proceedings, motions to dismiss or to convert the Chapter 7 case to another Chapter under the Bankruptcy Code or representation of the Debtor in such a converted case.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

Dated: July 24, 2015



DAVID K. WELCH
Crane, Heyman, Simon, Welch & Clar
Suite 3705
135 South LaSalle Street
Chicago, IL 60603-4297
312-641-6777 Fax: 312-641-7114

LAW OFFICES

CRANE, HEYMAN, SIMON, WELCH & CLAR

EUGENE CRANE
ARTHUR G. SIMON
DAVID K. WELCH
SCOTT R. CLAR
JEFFREY C. DAN

JOHN H. REDFIELD
BRIAN R. WELCH

GLENN R. HEYMAN, OF COUNSEL
THOMAS W. GOEDERT, OF COUNSEL

SUITE 3705
135 SOUTH LASALLE STREET
CHICAGO, ILLINOIS 60603-4297

(312) 641-6777
FAX (312) 641-7114

WWW.CRANEHEYMAN.COM

October 7, 2014

Walter H. Beich III
17100 Parker Road
Homer Glen, IL 60491

Re: Chapter 7 Bankruptcy Case

Dear Mr. Beich:

This letter is to confirm the agreement reached with Walter H. Beich III ("Debtor"), concerning the retention of the law firm of Crane, Heyman, Simon, Welch & Clar ("CHSWC") in connection with the representation of the Debtor in a Chapter 7 bankruptcy proceeding. After review of this letter, please sign on the signature line provided acknowledging your understanding of the terms of our retention.

The Debtor has agreed to pay CHSWC \$5,000.00 as a general advance payment retainer, and which is intended to provide full compensation for all legal fees and the statutory filing fee associated with a typical Chapter 7 bankruptcy proceeding as described in more detail below. In consideration of the payment of this retainer, CHSWC agrees to provide legal services on the Debtor's behalf in connection with the matters upon which CHSWC have been retained. Unless otherwise billed directly to you, any costs incurred during our representation shall be subject to reimbursement from the Debtor.

It is agreed that CHSWC shall have no obligation to commence its representation of the Debtor until the retainer is paid. This retainer is non-refundable, will not be held in the client trust account of CHSWC, and will be treated as income by CHSWC upon its receipt, whereupon it will be deposited into the general account of CHSWC. This retainer is the property of CHSWC and the Debtor retains no legal or equitable interest in the retainer.

It is understood that due to the nature of the representation and the substantial risk to CHSWC that CHSWC may receive no further fees, CHSWC is unwilling to represent the Debtor without the payment of such advance payment retainer and that the decision to pay an advance payment retainer to CHSWC was the choice of the Debtor, after consideration of other retainer options. The Debtor acknowledges that the specific purpose of such advance payment retainer is to assure the Debtor of legal representation at least until such time as the retainer is exhausted, and that the advantage to the Debtor of such a retainer, is that it provides such assurance by reducing the risk of creditor attachment of such a retainer and without the necessity of seeking any court and/or creditor approval with respect to same.

The Debtor acknowledges that this retainer covers legal representation and the statutory filing fee for only the ordinary matters associated with a typical Chapter 7 bankruptcy proceeding, such

LAW OFFICES

CRANE, HEYMAN, SIMON, WELCH & CLAR

Walter H. Beich III

October 7, 2014

Page 2

as preparation of the Chapter 7 Petition, Schedules and Statement of Financial Affairs, representation at the meeting of creditors, and consultation and advice regarding same. This retainer does not include representation of the Debtor in matters such as adversary proceedings, objections to exemptions, motions pursuant to Bankruptcy Code Section 707, motions contesting venue, motions to convert the Chapter 7 case to another Chapter under the Bankruptcy Code or representation of the Debtor in such a converted case as well as any other non-bankruptcy matter. If the Debtor requires representation with respect to matters not included by this retainer, the Debtor understands that it may retain CHSWC or another firm in such other matter pursuant to a separate fee agreement.

If you retain CHSWC for such additional representation, please be aware that the current hourly rates for CHSWC are as follows:

Eugene Crane.....	\$495
Glenn R. Heyman.....	\$495
Arthur G. Simon.....	\$490
David K. Welch.....	\$490
Scott R. Clar.....	\$490
Jeffrey C. Dan.....	\$415
John H. Redfield.....	\$390
Thomas W. Goedert.....	\$425
Brian P. Welch.....	\$295

The above hourly rates are subject to change on January 1 of each year and are set forth herein for informational purposes only.

Thank you for the opportunity to be of service to you. We look forward to a successful relationship with you. Should there be any questions concerning our representation, please do not hesitate to contact the undersigned.

Very truly yours,

CRANE, HEYMAN, SIMON, WELCH & CLAR

By:

David K. Welch

DKW/gb

AGREED, ACCEPTED AND UNDERSTOOD:

BY:

Walter H. Beich III

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
NOTICE TO CONSUMER DEBTOR(S) UNDER § 342(b)
OF THE BANKRUPTCY CODE**

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a **joint case** (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly-addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days **before** the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

Chapter 7: Liquidation (\$245 filing fee, \$75 administrative fee, \$15 trustee surcharge: Total Fee \$335)

Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, the United States trustee (or bankruptcy administrator), the trustee, or creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$75 administrative fee: Total Fee \$310)

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments

over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

Chapter 11: Reorganization (\$1,167 filing fee, \$550 administrative fee: Total Fee \$1,717)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$75 administrative fee: Total Fee \$275)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

WARNING: Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The documents and the deadlines for filing them are listed on Form B200, which is posted at http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

B 201B (Form 201B) (12/09)

United States Bankruptcy Court
Northern District of Illinois

In re **Walter H. Beich, III**

Debtor(s)

Case No.

Chapter

7

CERTIFICATION OF NOTICE TO CONSUMER DEBTOR(S)
UNDER § 342(b) OF THE BANKRUPTCY CODE

Certification of Debtor

I (We), the debtor(s), affirm that I (we) have received and read the attached notice, as required by § 342(b) of the Bankruptcy Code.

Walter H. Beich, III

Printed Name(s) of Debtor(s)

X **/s/ Walter H. Beich, III**

Signature of Debtor

July 24, 2015

Date

Case No. (if known)

X

Signature of Joint Debtor (if any)

Date

Instructions: Attach a copy of Form B 201 A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) **only** if the certification has **NOT** been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.

B 201B (Form 201B) (12/09)

United States Bankruptcy Court
Northern District of Illinois

In re Walter H. Beich, III

Debtor(s)

Case No.

Chapter

7

CERTIFICATION OF NOTICE TO CONSUMER DEBTOR(S)
UNDER § 342(b) OF THE BANKRUPTCY CODE

Certification of Debtor

I (We), the debtor(s), affirm that I (we) have received and read the attached notice, as required by § 342(b) of the Bankruptcy Code.

Walter H. Beich, III

Printed Name(s) of Debtor(s)

X

Walter H. Beich III
Signature of Debtor

July 24, 2015

Date

Case No. (if known) _____

X

Signature of Joint Debtor (if any)

Date

Instructions: Attach a copy of Form B 201 A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) **only** if the certification has **NOT** been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.

**United States Bankruptcy Court
Northern District of Illinois**

In re **Walter H. Beich, III**

Debtor(s)

Case No.
Chapter

7

VERIFICATION OF CREDITOR MATRIX

Number of Creditors: **161**

The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge.

Date: **July 24, 2015**

/s/ Walter H. Beich, III

Walter H. Beich, III

Signature of Debtor

United States Bankruptcy Court
Northern District of Illinois

In re Walter H. Beich, III

Debtor(s)

Case No.

Chapter

7

VERIFICATION OF CREDITOR MATRIX

Number of Creditors: 161

The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge.

Date: July 24, 2015



Walter H. Beich, III

Signature of Debtor

Case 15-25222	Doc 1	Filed 07/24/15	Entered 07/24/15 11:37:11	Desc Main
21st Century Financial 9663 Santa Monica Blvd., Suite P Beverly Hills, CA 90210	AT&T P.O. Box 5083 Carol Stream, IL 60197			P.O. Box 70886 Charlotte, NC 28272
22nd Century Media LLC 11516 West 183rd St. Office Condo #3 Unit SW Orland Park, IL 60467	AT&T PO Box 5880 Carol Stream, IL 60197			Cardinal Health 7000 Cardinal Place Dublin, OH 43017
Accounting Pros PO Box 188 Highland Park, IL 60035	AT&T P.O. Box 5080 Carol Stream, IL 60197			Carl Buck Rathbun Cservenyak & Kozo 3260 Executive Dr. Joliet, IL 60431
Accounting Pros PO Box 110 Highland Park, IL 60035	AT&T PO Box 5080 Carol Stream, IL 60197			Citi Business Card 1500 Boltonfield St. Columbus, OH 43228
Advantage Leasing 13400 Bishops Lane Suite 280 Brookfield, WI 53005	Avsec Printing 825 Plainfield Rd. Joliet, IL 60435			Citi Card Processing Center Des Moines, IA 50363
Ally PO Box 380902 Bloomington, MN 55438	Bell Lifestyle Products 07090 68th St. South Haven, MI 49090			Cloverleaf Farms 13835 South Kostner Bridgeview, IL 60455
American Credit Systems 400 W. Lake St. PO Box 72849 Roselle, IL 60172	Blue Cross Bule Shield 25550 Network Place Chicago, IL 60673			CNA Surety Direct Bill PO Box 957312 Saint Louis, MO 63195-73
American Express United Recovery Systems Houston, TX 77272	BR Data 715 Pinelawn Rd., Suite 305 Melville, NY 11747			ComEd PO Box 6111 Carol Stream, IL
Ana Genericsics 2915 Weston Rd. Fort Lauderdale, FL 33331	Broida and Nichele Ltd. Attorneys at Law Suite 108 Naperville, IL 60563			ComEd Payment Processing Cente Saint Paul, MN 55126
Anda 3000 Alt. Blvd. Grand Island, NY 14072	Campbell Hightower & Adams 4645 S. Lakeshore Dr., Suite 114 Tempe, AZ 85282			Constellation 114217 Collections Dr. Chicago, IL 60693

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Constellation	15-25222	07/24/15	07/24/15 11:37:11	86	90	14217 Collections Center Dr.	1867 S. Washington St. Suite 110 Naperville, IL 60565
Chicago, IL 60693		O Fallon, MO 63366					
Cross Point Sales		Dystrup, Hoster and Jarot				Forest Alarm Services, I	
3158 S. State St.		822 129th Infantry Dr.				1807 S. Washington St.	
Lockport, IL 60441		Joliet, IL 60435				Naperville, IL 60565	
Crystal Beach Suites		E.F. Bavis Associates Inc.				Fox Valley Fire & Safety	
P.O. Box 3273		201 Grandin Rd.				2730 Pinnacle Drive	
Orlando, FL 32802		Maineville, OH 45039				Elgin, IL 60124	
Daniel Spilotro		Ed Anderson				Frankfort Pharmacy, Inc.	
Spilotro Law Group, LLC		Chuck Bretz & Associates				d/b/a Corwin Pharmacy	
2551 N. Clark St., Suite 405		58 N. Chicago Ave., 2nd Fl.				222 Colorado	
Chicago, IL 60614		Joliet, IL 60432				Frankfort, IL 60423	
David Clark		Edward T. Anderson				Frito Lay	
Law Office of David W. Clark		Chuck Bretz & Assoc., PC				75 Remittance Dr., Suite 1	
207 N. Washington St.		58 N. Chicago, St., 2nd Fl				Chicago, IL 60675	
Wheaton, IL 60187		Joliet, IL 60432					
Dearborn Wholesale Grocers		Emdeon				Global Credit Collection	
4525 W. Madison St.		PO Box 572490				5440 N. Cumberland	
Chicago, IL 60624		Salt Lake City, UT 84157				Suite 300	
						Chicago, IL 60656	
Dennis Porick		Enhanced Recovery Co.				Home City Ice	
Dennis B. Porick Ltd.		P.O. Box 23870				1125 International Parkw	
63 W. Jefferson St., Suite 100		Jacksonville, FL 32241				Woodridge, IL 60517	
Joliet, IL 60432							
Des Plaines Office Equipment		Fabric Traditions				Home Pages	
1020 Bonavenutre		519 8th Ave., 19th Floor				915 E. Lincoln Way Hwy.	
Elk Grove Village, IL 60007		New York, NY 10018				PO Box 801	
						DeKalb, IL 60115	
Dex		Fed Ex				Hudson Energy	
8501 West 137th St.		PO Box 94515				24919 Network Place	
Overland Park, KS 66223		Palatine, IL 60094				Chicago, IL 60673	
Dr. Comfort		First Tech Utility				Humana Prescription NtwkO	
10300 N. Enterprise Dr.		1 North Brentwood, Suite 500				003/73266	
Thiensville, WI 53092		Saint Louis, MO 63105				325 W. Main St. WFP 6W	
						Louisville, KY 40202	

Illinois Department of Revenue Employment Security 33 S. State, 10th Fl. Chicago, IL 60603-2802	Case 15-25222 Doc 1 Filed 07/24/15 Entered 07/24/15 11:37:11 Desc Main Document Page 87 of 90 1296 Lakeview Dr. Romeoville, IL 60446	Lease Finance Group 65 E. Wacker Pl., Suite 5 Chicago, IL 60601
Illinois Department of Revenue 100 W. Randolph St. Legal Services M/C 7-900 Chicago, IL 60601	ER Distributions 1000 Crossroads Parkway Bolingbrook, IL 60490	LFG (Leaf Finance Group) P.O. Box 7861 New York, NY 10116
Illinois State Lottery P.O. Box 19080 Springfield, IL 62794	JRS Ventures 37 Elaine Dr. O Fallon, MO 63366	LID Financial Services 7322 S. W. Freeway Suite 1600 Houston, TX 77074
Illinois State Lottery PO Box 19080 Springfield, IL 62794	Julie Beich (former Spouse)	Lockport Chambers of Com 921 S. State St. Lockport, IL 60441
IMS 6201 W. Howard., Suite 100 Niles, IL 60714	Keller Williams Preferred Realty 16123 S. LaGrange Rd. Orland Park, IL 60467	Lockport Pharmacy, Inc. d/b/a Corwin Pharmacy 954 E. 9th Street Lockport, IL 60441
Incomm 250 Williams Street 5th Fl., Suite 5-2002 Atlanta, GA 30303	Lagnappe Pharmacy Services PO Box 637946 Cincinnati, OH 45263	Lockport Plaza Assc., LL Carl Buck Rathbun Cserver 3260 Executive Dr. Joliet, IL 60431
Independence Medical PO Box 635864 Cincinnati, OH 45263-5864	Lagniappe PO Box 637946 Cincinnati, OH 45263-7946	Lockport Plaza Assoc. c/o Carl Buck 24201 W. Main St. Plainfield, IL 60544
Internal Revenue Service Cincinnati, OH 45999-0025	Larry Wolfe 9933 Lawler Ave. Suite 105 Skokie, IL 60077	M & M New's Agency 342 N. 30th Road La Salle, IL 61301
Islander Beach Resort 1601 S. Atlantic Ave. New Smyrna Beach, FL 32169	Larry Wolfe 9933 Lawler Ave. Skokie, IL 60077	Masters Pahraceutical PO Box 713769 Cincinnati, OH 45271-376
Jay Levy Jay K. Levy & Associates PO Box 1181 Evanston, IL 60201-1181	Lease Finance Group P.O. Box 7861 New York, NY 10116	Masters Pharmaceutical Teller LEvit & Silvertrus 195 S. LaSalle St., Suite 7 Chicago, IL 60603

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110 Tices Lane PO Box 5407 4105 Chapel Rd.
Building A, Unit 5 B Carol Stream, IL 60197-5407 Carthage, MO 64836
East Brunswick, NJ 08816

Maury Cobb NuWay Disposal Preferred Business Publi
Attorney at Law 17726 Oak Park Ave., #1 1938 Lincoln Highway, Su2
600 Beacon Parkway, West 300B Chicgo, IL 60495 New Lenox, IL 60451
Birmingham, AL 35209-3120

McCarthy Burgess & Wolfe Oregon Mint Snuff Company Prime Therapeutics
26000 Cannon Rd. 14155 SW Business Circle Rd. 1305 Corporate Center Dr.
Bedford, OH 44146 Terrebonne, OR 97760-7892 Saint Paul, MN 55121

Medical Screening Services, Inc. Octosen Britz Lelly Cooper Prime Therapeutics
5727 West Howard St. Gilbert & Dinolfo 1305 Corporate Center
Niles, IL 60714-4070 1804 N. Naper Blvd., Suite 350 Saint Paul, MN 55121
Naperville, IL 60563

Medical Security Card Company Package Express Centers Progressive Inventory Se
PO Box 800 PO Box 178 6209 W. Grand Ave.
City of Industry, CA 91716-8000 Greeneville, TN 37744 Chicago, IL 60639

Mercedes-Benz Pepperidge Farm Real Club Resorts
1305 Corporate Center Dr. 230 2nd St. Avenida Bonampak Mza.2, L
Saint Paul, MN 55121 Downers Grove, IL 60515-5282 Edificio A, Local A B y C F
Cancun, ME 77500

Mercedez Benz Financial Pepsi Reliable Color
Attention Lock Box Dept. 1400 W. 35th St. 709 Lindsey Lane
36455 Corporate Drive Chicago, IL 60609 Bolingbrook, IL 60440
Farmington, MI 48331

Nationwide Credit Inc. Pharmaceutical Returns Services Retail Date Systems
P.O. Box 26314 110 Oak St. 1998 Ohio St., Suite 300
Lehigh Valley, PA 18002 North Aurora, IL 60542 Lisle, IL 60532

NCS Pharmacists Mutual Retalix
729 Miner Rd. PO Box 370 6100 Tennyson Parkway
Cleveland, OH 44143 Algona, IA 50511 Suite 130
Plano, TX 75024

New A.D.E. Inc. Pinnacle Recovery Revenue Assurance Partne
49 Garfield St. P.O. Box 130848 19399 Helenberg Rd.
Holyoke, MA 01040 Carlsbad, CA 92013 Covington, LA 70433

River City Pharmacy PO Box 713774 Cincinnati, OH 45271-3774	Sprint PO Box 4191 Carol Stream, IL 60197	The Harvard Drug Group 1821 Reliable Parkway Chicago, IL 60686
River City Pharmacy 11930 Kemper Springs Dr. Cincinnati, OH 45240	Sprint PO Box 4191 Carol Stream, IL 60197	The McCall Pattern Compa 615 McCall Rd. Manhattan, KS 66502-5035
Royal Publishing 7620 N. marker Dr. Peoria, IL 61615	St. Dennis 1214 Hamilton St. Lockport, IL 60441	Thomas Gearhart Teller, Levit & Silvertrust 19 South LaSalle St., Suite 7 Chicago, IL 60603
RR Donnelley PO Box 93514 Chicago, IL 60673-3514	Standard Bank 7800 W. 95th Street Hickory Hills, IL 60457	Top RX 2950 Brothers Blvd., Suite 1 Memphis, TN 38133
S. Abraham & Sons Inc. AG Adjustments 740 Walt Whitman Rd. Melville, NY 11747-9090	Staples 1125 E. Ogden Ave. Naperville, IL 60563	Torf Law Firm 555 Skokie Blvd., suite 5 Northbrook, IL 60062
S. Abraham & Sons, Inc. PO Box 1768 4001 Three Mile Rd., NW Grand Rapids, MI 49501-1768	Stockwell Greetings Chicago 7115 West North Ave. Oak Park, IL 60302	Tracy, Johnson & Wilson 2801 Black Rd. 2nd fl Joliet, IL 60435
Sav-RX Advantage 224 North Park Ave. Fremont, NE 68025	Suntrust Bank PO Box 62047 Orlando, FL 32862	United Delivery Service 1111 N. Ridge. Rd. Lombard, IL 60148
Siesta Sands Beach Resorts 1001 Point of Rocks Rd. Sarasota, FL 34242	Teller, Levit & Silvertrust 19 S. LaSalle St., Suite 701 Chicago, IL 60603	United States Post Office National Customer Support Center 433 W. Harrison St., Suite 2 Chicago, IL 60699-9321
Snyders of Hanover 7950 185th St. Tinley Park, IL 60477	Terrace Supply Company 710 N. Addison Rd. Villa Park, IL 60181	UPS Freight 28013 Network Place Chicago, IL 60673
Special Interest Group 111 Peerwood Rd., Suite 200 San Ramon, CA 94583	The Harvard Drug Group 1821 Reliable Parkway Chicago, IL 60686-0001	US Balloon Company 140 58th St. Brooklyn, NY 11209

US Gas
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Alsip, IL 60803

US Script
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Fresno, CA 93711

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Harlan, IA 51537

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